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BLOCK INTRODUCTION

Family is considered the stronghold of human civilization. It is formally developed in all the societies as a social institution and taken as a primary unit of socialization. It shapes the personality of its members and inculcates skills to deal with social environment. Family provides safety, security, love and affection to its members. This block “Family – The Basic unit of Society” of MSW-003 focuses upon various aspects related to the concept of family.

Unit 1 Discusses the terms and various stages of human growth and development. Stages of human growth and development is important as it gives proper understanding to the students of social work about the changes that happen to a human being at various time intervals, what are the reasons for them to occur, and how they further affect behaviour. In the end, the unit has provided knowledge on theories of human development under which Freud’s psychosexual stages and Erikson’s psychosocial conflict theory throw light on behaviour and personality of individuals in different stages of human growth and development.

Unit 2 ‘Biological aspects of the stages of human growth and development’ orients about physical, cognitive and psychological development in every stage of the human life. The various stages covered are Prenatal stage, babyhood stage, early childhood stage, middle childhood stage, adolescence stage, young adulthood stage, middle adulthood stage and late adulthood stage.

Unit 3 ‘Concept of family and marriage’ has explained the meaning and functions of family, meaning and purpose of marriage, and finally the implications for social work professionals, while working with the institution of marriage and family.

Unit 4 is on ‘Understanding man and women’ and describes the physical differences, its implications in a man and a woman, the psychological and emotional differences, social structure and gender orientation. The unit ends with discussion on implications of gender discrimination, meaning of sexual minority and scope of social work, as well as role of professional social workers while dealing with such groups.

Unit 5 is on “Family life cycle” describes stages of the family life cycle, which are independent stages, which include the initiation stage, parenting or expansion stage and retirement and empty nest or contraction stage. At the same time, efforts are also made to identify scope of social work intervention at each of these stages.

The efforts made in the above discussed five units will give you conceptual clarity about family which is the basic unit of a society and the various stages of human growth and development as well as social work intervention. Since every intervention of a social worker with a client has much to do with family, its composition and relationships, the deliberations in this block is of utmost importance to a social work student.



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UNIT 1 STAGES OF HUMAN GROWTH AND DEVELOPMENT

Structure

Beena Antony*

- 1.0 Objectives
- 1.1 Introduction
- 1.2 Understanding the Terms—Human Growth and Development
- 1.3 Stages of Human Growth and Development
- 1.4 Theories on Human Development
- 1.5 Let Us Sum Up
- 1.6 Key Words
- 1.7 Further Readings and References
- 1.8 Answers to Check Your Progress

1.0 OBJECTIVES

This Unit aims to provide you with an understanding of human growth and development. How human beings are in a state of constant change from conception to death. This Unit will also throw light on the different stages of human growth and development.

After reading this Unit you should be able to:

- understand the concept of human growth and development;
- to enumerate the stages of human growth and development;
- to identify each stage and its specific characteristics;
- to discuss the biological, physical, social, emotional, and cognitive growth and development of human beings in each of the stages; and
- an understanding into the psychodynamic theories that explain the stages of human growth and development.

1.1 INTRODUCTION

Human growth and development affect the lives of millions of people around the world. Human growth and development studies are very fascinating but very complicated too. Changes are most obvious in the early years of life but these changes continue to occur throughout the life. The changes in the human lifetime are abundant, varied and complex to study. The scientist study human growth and development focusing on the developmental changes. Development is dependent on various influences in the environment of the individuals. Understanding these influences and the way they interact is of enormous practical use. Heredity (internal influences) and environment (external influences) interact in various ways to determine growth and development. It is difficult to assign any human characteristic a particular heredity label or a particular environmental label. The family has been held accountable for the child's growth and development. There is a two-way relation between the family and the child.

While the family members definitely influence development of the child, even the child contributes in influencing his or her family as well. The community also determines, how each individual human being develops by determining and strengthening a number of behaviour and overlooking others. The community members are vital source of social, economic and emotional support for each other.

1.2 UNDERSTANDING THE TERMS—HUMAN GROWTH AND DEVELOPMENT

Human growth and development together focuses on the ways in which people live and change themselves. These two forms refer to the increases of social change. Although all individuals are different, yet they follow expected patterns of growth and development that are common for all. The study of these processes focuses on describing, explaining, predicting and modifying in trend of social change. The diverse facets of development (physical growth and psychosocial) do not happen in isolation.

If we trace the history of the evolution of human growth and development studies, we see that it was in the nineteenth century that child development began as a scientific study. Adolescence was not thought of as a separate stage of human growth and development until the twentieth century. Contributions by G. Stanley Hall introduced adolescences as an important stage and also he was the first psychologist to study aging. Aging only became a major area of study since 1940s. Now-a-days a lot of importance is given to human growth and development as it helps us in understanding the human beings that is ourselves and others from conception to death, the changes we are undergoing in each of the stages.

Human beings like all animals, start life as a single cell, the fertilized ovum. This cell divides and grows and develops into the embryo, fetus, child and adult. Growth and development occurs simultaneously, they are distinct biological processes. Growth can be defined as a quantitative increase in size or mass. Measurements of heights in centimeters or weights in kilograms tell us how much growth has occurred in the human being. To add to this the growth of a body organ, like kidney, brain can be explained by measuring the number, weight, or size of cells present. Development is defined as a progression of changes, either quantitative or qualitative that head from an undifferentiated or immature state to a highly organized, specialized and mature state, for example, the development of motor skills of a child that results in walking or running.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) Explain human growth and development.

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1.3 STAGES OF HUMAN GROWTH AND DEVELOPMENT

Various educationalists and psychologists have classified the different stages of growth and development and conducted in depth study on each stage and their characteristics. The study into the different stages of human growth and development is important as we can learn the common and particular age changes, when these changes happen, what are the reasons for them to occur, how they further affect behaviour, can these changes be foreseen and are they universal? The stages of human growth and development can be divided into different age groups from the conception in the womb till the death of that human being. These stages are broadly classified into eight categories and these are:

- Prenatal stage— conception to birth
- Infancy and babyhood— birth to three years
- Early childhood—three to six years
- Late childhood— six to twelve years
- Adolescence—twelve to eighteen years
- Young adulthood—eighteen to forty years
- Middle age-forty to sixty—five years
- Late adulthood- sixty—five and above

Let us discuss each of these stages in detail

The Prenatal Stage

The first stage of human growth and development is not from the first day that the child is born into this world but from the day, when the child is conceived in the womb of the mother. The beginning of human life has always been very fascinating. The biological beginning of a human being is a moment when a single spermatozoon, one of the million sperm cells from the father, unites with an ovum (egg cell), one of the hundred thousand ova produced and stored in the mother's body. This process is called fertilization or conception, when the sperm and the ovum join together to create a single cell called a zygote. The prenatal stage is the gestation time, when the developments occur from conception to the birth; this takes approximately nine months or two hundred and sixty-six days. The zygote replicates again and again with cell division. It develops first into an embryo, then into a fetus, and finally emerges as a complicated human being with millions of cells specializing in various functions of the human body.

Prenatal Stage and Heredity

The prenatal stage is very important as it determines a number of important features of the human being to be born. The union of the sperm and the ovum bring about the biological inheritance. These interact with the environmental influences within and outside the womb. In this period we can trace the prenatal development, describe influences upon it and report on procedure to examine and intervene in it. Through genetic counseling, probable parents can find out

the mathematical odds of giving birth to children with birth defects. Thus this prenatal period is important to identify any abnormalities in the baby to be born.

The basic unit of heredity is the gene, which is made up of DNA. Chromosomes carry the genes that determine inherited characteristics. At conception each normal human being inherits 23 chromosomes from the mother and 23 chromosomes from the father. The 23rd chromosome is the sex chromosome. If a child receives an X chromosome from each parent, the child would be a female. If a Y chromosome is contributed by the father, a male child will be conceived. Thus the sex of the child is actually the father's contribution. Thus it is said that heredity is responsible to most of the similarity between siblings, the dissimilarities is due to the unshared environment.

The Infancy and Babyhood Stage

The infancy and the babyhood stage is the period between birth to three years of the human being. This stage also is associated to rapid growth and development. Birth normally starts, when the fetus is prepared and there are four stages:

- 1) Dilation of the cervix;
- 2) Moving down and emergence of the baby;
- 3) Discharge of the umbilical cord and the placenta;
- 4) Contraction of the uterus and the revival of the mother.

The neo-natal period is the first month of the child. This period is the time of transition. At birth the infant's circulatory, respiratory, gastrointestinal, and temperature regulation systems become independent of the mother's. The newborn babies alternate between states of sleep, awake, and activity. Sleep takes up majority of their time. In this stage that extends to three years, it is observed that the first year the baby's body grows very fast. Breastfeeding has high physiological benefits and increases the mother-infant bond. The sensory capacities are present from birth and develop rapidly in the first few months of life. During the first three months of life the baby starts to gain control over their body movements. Motor skill develops and the baby also attempts self-locomotion.

Physical growth and development occur at gradually decelerated rates throughout babyhood and development of the physiological functions take place at a faster pace. Muscle control starts from head, arm and hand skills. In this period we also observe language development. Communication starts when the baby comprehends what others are communicating to them, and then they communicate with others. Prelinguistic speech, that precedes the words, includes crying, cooing, babbling and imitating sounds. Babies also commonly use gestures. By 10 months, babies begin to understand meaningful speech. The baby begins with the first words by 10 to 14 months. By age three, grammar and syntax are fairly developed. Early social foundations in this stage are important because the type of behaviour baby's show in social situations affect their personal and social adjustment. These patterns tend to persist life long. Discipline's role in moral development is mainly in the form of punishment and rewards for wrong

behaviour and approved behaviour respectively. Sex role typing also begins in this period. The foundations are laid for psychosocial development including emotions, temperament, and early experiences with parents.

This stage also evolves the self-concept of the individual in the following sequence:

- Physical self-recognition and self-awareness,
- Self-description and self-evaluation, and
- Emotional response to wrongdoing.

The Early Childhood Stage

The stage of early childhood extends from three to six years. It is called by different names as the toy age, preschool age, troublesome age or the pre-gang age. Physical development proceeds at a slow rate in early childhood; the physiological habits started in the babyhood stage get confirmed in this stage. This period is also the skill acquiring period as the child easily repeats and picks up skills. Speech development improves quickly as also in comprehension. The emotional development follows a particular pattern according to intelligence, gender, family background and child rearing practices experienced by the individual. Play is important for the overall development of the child. Play is influenced by the motor skills acquired by the child, their popularity among other group-mates and the socioeconomic status of their families. Parents, companions and different family relationship play an important role in the socialization process and in developing the self-concept of the child. Parents influence children's behaviour through discipline, ways of teaching, self-control and acceptable behaviour.

The Late Childhood Stage

Late childhood extends from six years to twelve years. This period is before the period, when the child is sexually mature. The physical growth in this period is relatively at an even rate and is influenced by health, nutrition, immunization, sex and intelligence. The skills developed in the late childhood can be categorized into four groups: self-help skills, social-help skills, school skills, and play skills. All areas of speech-pronunciation, vocabulary, and sentence structure improve rapidly. Older children learn to control the overt expressions of their emotions and to use emotional catharsis to clear pent up emotions caused by social pressures. Older children are interested in activities with their peer and want to belong to a group or gang. These children will often reject parental standards, develop antagonistic attitude towards persons of the opposite sex. There is rapid understanding of concepts as a result of intelligence and learning opportunities. Children in this period develop moral codes influenced by moral standards of the groups they belong to. The interests of older children are broader than those of younger children and include many new subjects like clothes, human body, sex, school, future vocation, status symbol and autonomy. Sex-role typing in late childhood influences children's appearance, behaviour, aspirations, achievements, interests, attitude towards opposite sex persons, and self-evaluation.

The Adolescence Stage

The Adolescence extends from twelve years to eighteen years, the period when the individual becomes sexually mature and ends, when the individual is legally mature. This period in the life span of the individual is important, as it is a transitional phase, a time of changes, a problem age, a time when the individual looks for an identity and a threshold of adulthood. In adolescence puberty is a short phase, it occurs at different ages for boys and girls. The average age in girls is thirteen and is marked by the onset of menarche or first menstruation and in boys is fourteen years and is determined by the nocturnal emissions. The rapid growth and change in puberty is determined by hereditary factors and environmental factors like nutrition, health, and emotional stress. Puberty changes affect physical well-being, attitudes and behaviour. It's important that individuals in puberty relate to normalcy and do not develop negative self-concept, unable to accept the bodily changes and the sex-roles demanded on them by society.

The developmental task of adolescence calls for changes in children's attitudes and behaviour, many adolescents reach maturity with excelling in some of these developmental tasks the others they carry on in adulthood. The important social changes in adolescences include peer-group influence, mature social behaviour. Some of the important interests of adolescences are recreational interests, personal and social interests, educational interests, vocational and religious interests and interests in status symbols. There are changes in morality in this period shifting from specific moral concepts to generalized moral concepts of right and wrong and there is a control on their behaviour by the development of conscience. Adolescence is a period of heightened emotions thus sometimes the relationship with family members are strained. They feel that parents are unable to understand them.

The Young Adulthood Stage

The Young adulthood extends from age eighteen to approximately age forty, when the physical and psychological changes occur and also accompany the beginning of the loss of reproductive capacity. The young adulthood is the settling period and the reproductive age, a time of commitments and independency, there are changes in value system. The adult adjusts to new life patterns. The aids to mastering the developmental tasks of this stage are physical efficiency, motor and mental abilities, motivation and a good role model. The personal interests include interests in clothes and keeping themselves presentable. The adult wants to be mature and respectable and wants status in money and religion matters. Social activities in this period are mostly reduced because of family, vocational and professional responsibilities. This is the time that individuals have to plan their professional life and settle in an occupation. This social mobility in men most of the time is due to their own efforts and hard work. While in women, social mobility could be because of their achievements, they move up the social ladder or because they marry into a higher-class family and they move up the social ladder.

The vocational adjustment can be very demanding, which includes selection of a vocation, settling down in their occupation and adjusting to the work environment. The vocational adjustment can be seen in the achievements made

by the individuals, frequent changes in their jobs and the job satisfaction experienced by the individuals.

Family adjustment in this period can also be very difficult. There are many changes in the family roles and responsibility. Marital adjustment also calls for changes in the day-to-day routines of the individuals. In some cases like lack of preparation for marriage, early marriage, unpractical and too much of romantic ideas of marriage and a lot of role changes can cause many problems in marriage. Parenthood can also cause changes in attitudes, values, roles and responsibility. Women have to make a lot of changes adjusting to the new family, more so if it's a joint family and at the arrival of the children. Many factors control the adjustment to parenthood, like attitudes towards pregnancy and parenthood, age of the parents, sex of the children, parental expectation and the children's temperament. Success in marriage can be judged by seven criteria: husband, wife happiness, cordial parent-child relations, good adjustment of children, ability to deal with differences, good handling of finances, we feeling, adjustment with in-laws. It has to be observed that now a days single-hood among men and women are more acceptable than in the earlier times.

The Middle Adulthood or Middle Age Stage

The middle adulthood or middle age begins at forty and extends to sixty years. In this period physical and psychological decline is observed. The middle age can be a difficult time and successful adjustment to this stage depends on the essential base laid down in the earlier stages. This age is called the dreaded period of transition and stress. This period is also of achievements and of evaluations. Sometimes this is also the time of boredom and empty nests as children have grown up and moved out for higher studies or employment or married off. The individuals are suddenly lonely and don't know how to manage their free time. Physical changes occur in appearance, physiological functioning and sexuality and adjusting to it can get very difficult. In women the menopause changes is because there is reduction in estrogen and there is psychological stress. While in men there is a physiological and psychological changes which affect their attitude, behaviour and self-evaluation. In today's times, more so the success in adjusting to middle age is by successfully being able to hide your physical signs of aging and to be involved with ways to keep oneself young and trim. The mental decline in the middle age also starts. The interests in religion are also on the increase in the middle age. In this age group there are changes in the recreational interests. There is an interest in physical recreation, which involves fewer persons, apart from lesser recreational interests the middle age individual is more adult oriented than family oriented. It is observed that social interests and activities are greatly inclined by social-class status, sex, and marital status.

The Late Adulthood (Old Age) Stage

Late adulthood or old age begins at sixty and extends till death. The physical and psychological decline fastens up in this period. In today's modern times, medical techniques and cautious clothing and grooming interests make many men and women to look, act, and feel as they did when they were much younger. It has been observed that there is difference in individuals in their effect of aging as physical aging precedes psychological aging. The physical

changes include changes in appearance, and in the different internal physical systems, changes in different physiological functioning, sensory and sexual changes. The changes in motor capacities are changes in strength and speed, more time needed to learn new abilities. There are different causes for the changes in the mental abilities of the individual in this stage, important among these are lack of environmental stimulation and lack of motivation to be mentally alert. The Changes in interests are caused because of different reasons like deterioration in health and economic status, change in residence and marital status and change in values. The Changes in recreational activities in old age are because of changes in health, economic and marital status, living conditions. Thus there is a shift in how they spend their time for recreations.

The employment opportunity for older workers are restricted by compulsory retirement, hiring practices, pension plan, social attitudes, sex of the workers and the kind of work. The retirement causes change in their roles, interests, values and life patterns. Thus, there is reduction in income and loneliness. Due to the death of the spouse there is cause for adjustment again. The most common living arrangements for the elderly in our society are: an elderly couple lives alone, an elderly couple live with their married son and family, an elderly widow or widower lives with the married child, now a days there is also elderly living in homes for the elders.

There are certain problems in adjustment specific to this stage that are an increase in physical and economic dependency on others, to establish new contacts, involving in new interests and activities for their leisure time, which has also increased. There are adjustment to behave in a mature manner to their children, who have now become adults and there is greater adjustment, when individuals in this stage could also be victimized for their dependency. There is an increase in interest in religion, it could be due to the concern over death. The common physical hazards at this stage are diseases, physical handicaps, malnutrition, accidents and sexual deprivation.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) List the eight stages of human growth and development giving the time frame.

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1.4 THEORIES ON HUMAN DEVELOPMENT

There are few theories of human development that have described the different stages of human growth and development and how they affect the personality of the individuals. Thus, when we talk of the different stages of human growth and development it is important to discuss the psychodynamic theories of Freud and Erikson. Freud in his psychosexual stages and Erikson's psychosocial conflict throw light and explains complicated behaviour and personality of individual human beings in different stages of human growth and development.

Freud's Theory of Personality Development

Freud's theory of personality development centered on the effect of the sexual pleasure drive on the individual psyche of human beings. At different stages of the developmental process, Freud claims, a single body part is particularly sensitive to sexual, erotic stimulation. These parts are the mouth, the anus, and the genital region. A child at a given stage of development has certain needs and demands, such as the need of the infant to nurse. Frustration occurs when these needs are not met; overindulgence happens, when these needs are met excessively then the child does not want to progress beyond this stage. Frustration and overindulgence both bind some child's libido permanently into the stage in which they occur; both results in fixation. When the individual progresses normally through the stages, resolving each conflict and moving on, then little libido remains in each stage of development. But if he fixates at a particular stage, the method of deriving satisfaction that is characterized at that stage will dominate and affect his adult personality.

The Oral Stage

The oral stage begins at birth, when the oral cavity or mouth is the primary focus of libidal energy. The child preoccupies himself with nursing, with the pleasure of sucking and taking everything to his mouth. The oral character are those that are frustrated at this stage, are those who are refused to be nursed by their mothers, is characterized by pessimism, envy, suspicion and sarcasm. The overindulged person, whose nursing needs were always and excessively satisfied, is optimistic, gullible and is full of admiration for others around him. The stage culminates with conflict of weaning, which deprives the child of the sensory pleasure of nursing and the psychological pleasure of being cared for or mothered. This stage lasts for one and one-half years.

The Anal Stage

At one and one-half years the child enters the anal stage. With the start of toilet training starts the child's obsession with the anus and with the retention and expulsion of the feces. The child meets the conflict between the parent's demands and the child's desires and physical capabilities. Either he puts up a fight or he simply refuses to go. The child who fights takes pleasure in excreting just before or after being placed in the toilet. If parents are lenient and the child manages to derive pleasure and success from this expulsion, it will result in a character that is messy, disorganized, careless and defiant. On the other hand a child may want to retain the feces enjoying the pleasurable pressure of the built-up feces on his intestine. This tactic may cause the child

to be overindulged in and they develop a character that is neat, orderly, careful, withholding and passive-aggressive. The resolution of the anal stage, proper toilet training, permanently affects the individual attitudes to possession and authority.

The Phallic Stage

The phallic stage is the setting for the crucial sexual conflict in Freud model of development. As the child becomes more interested in his genitals, and in the genitals of others, conflict occurs. The conflict labeled the Oedipus complex (the electra complex in women), involves the child's unconscious desire to possess the opposite-sexed parent and to eliminate the same-sexed one. Freud stated that the resolution in this stage comes much later and is never complete. The boy child learns his sexual role from his father and the girl child identifies with the mother. Fixations at the phallic stage develop characters that are reckless, self-assured, and proud.

Latency Period

The latency period is not a psychosexual stage of development but a period in which sexual drive lies dormant. During this latency period, children pour their repressed libidinal energy into asexual pursuits such as school, athletics, and same sex friendships. Soon puberty sets in and the genitals once again becomes a central focus of libidinal energy.

The Genital Stage

In the genital stage, as the child's energy once again focuses on his genitals, the interest turns to heterosexual relationships. The less energy the child has left invested in unresolved psychosexual developments, the greater his capacity will be to develop normal relationships with the opposite sex. If however he remains fixated his developments will be troubled as he struggles with further repression and defenses.

Erikson's Model of Psychosocial Development

The Erikson model of psychosocial development is a very significant, highly regarded and meaningful for human growth and development. Erikson's eight stage theory is relevant to modern life, it helps in understanding and explaining how personality and behaviour develops in individuals. Erikson's theory is useful for teaching, parenting, self-awareness, managing and dealing with conflict and for understanding self and others.

Erikson's eight psychosocial stages are:

1) Trust v Mistrust

At the infancy stage, between the age of 0-1 1/2 years, from birth of the baby to his walking stage, the individual human being is in the first stage where the child interacts with the mother and the immediate family. The issues at this stage are mainly feeding, sleeping, being comforted and teething. The infant will develop a healthy balance between trust and mistrust if fed and cared for and not overindulged or over-protected. Abuse or neglect or cruelty will destroy trust and foster mistrust. If the infant is insulted from all or unfailingly

indulged, this will create a false sense of trust causing sensory distortion, failure to appreciate reality. Infants who grow up to trust are able to hope and have faith that things are generally okay.

2) **Autonomy v Shame & Doubt**

At the early childhood stage, between the age of 1-3 years, the toddler is interacting more with his parents and family. Importance is given here to bodily functions like toilet training, muscular control like walking. Autonomy means self-reliance. This is independence of thought, and a basic confidence to think and act by oneself. Shame and doubt means what they say and inhibit self-expression and developing one's own ideas, opinions and sense of self. Toilet and potty training is a significant part of the crisis, where parental reactions, encouragement and patience play an important role in shaping the young child's experience and successful progression through this period. The parents themselves are facing a challenge, as they themselves have to deal with their psychosocial crisis and deal with their own emotions of what they experienced in these formative crisis stages.

3) **Initiative v Guilt**

This is the preschool stage when the child is in the age group of 3-6 years. The child is involved with exploration, discovery, adventure and play. Erikson called this stage the Initiative versus Guilt stage, Initiative is the capability to devise actions or projects, and a confidence and belief that it is okay to do so, even with a risk of failure or making mistakes. Guilt means the feeling that it is wrong or inappropriate to instigate something of one's own design. Initiative flourishes when adventure and game-play is encouraged. Restraining adventure and experimentation, preventing young children doing things for themselves because of time, mess or risk will inhibit the development of confidence to initiate, replacing it with fear of being wrong or unapproved. The parents and elders have a challenge to get a balance between giving young children enough space and encouragement, so as to give a sense of purpose and confidence, and to protect against danger and to enable a exposure to trial and error without which an irresponsible or reckless tendency can develop.

4) **Industry v Inferiority**

This is the early school stage, when the individual is in the age group of 5-12 years. The human being is interacting within the family, school and neighborhood. According to Erikson the individual experiences Industry or Inferiority attitude. Industry refers to purposeful and meaningful activity. It is the development of competence and skills and is important of the school year experience. Erikson explained this stage as an 'entrance to life'. The child who experiences the satisfaction of achievement, of things that are positive will move towards successful negotiations of this crisis stage. The child who experiences failure at school tasks and work and worse still who is denied the opportunity to discover and develop their capacities, strengths and potential is naturally prone to feelings inferior and useless. Interacting with others and using tools or technology are also important in this stage. It is like rehearsal for being productive and being valued at work in later life. Inferiority is feeling useless, unable to contribute, unable to cooperate or work in a team to create

something, with the low self-esteem that accompanies such feelings. Thus, it is so important that parent, teachers and others in charge with children's education help the children to excel at what they are naturally good with and then they will achieve the sense of purpose and industry on which everything else can then be built.

5) Identity v Role Confusion

This is the adolescence stage, between the age group of 11-18 years. This stage is also popular for peer and group influence. The individual is involved with resolving identity and finding direction, and growing up. Erikson named this stage as a crisis between Identity and Role Confusion. Identity means essentially how a person sees themselves in relation to their world. It's a sense of self or individuality in the context of life and what lies ahead. Role Confusion is the negative perspective, or an absence of identity, so the person cannot see clearly that they are and how they can relate positively with their environment. This stage is of puberty and adolescence and the reawakening of the sexual urge, which was dormant in the previous stage. Young people struggle to belong and to be accepted and affirmed and yet also to become individuals. This creates a big dilemma apart from all the other distractions and confusions experienced at this stage.

6) Intimacy v Isolation

This is the stage of young adulthood between the ages of 18-40 years. This stage the individual is active with friends, love and work. There is development of intimate relationship, importance to work and social life. There also emerges the new duties of early parenthood. Erikson explained this stage in terms of sexual mutuality-the giving and receiving of physical and emotional connection, support, love, comfort, trust, and all the other elements that we would associate with a healthy adult relationships favorable for mating and child-rearing. Intimacy means the process of achieving relationships with family and marital or mating partner. There is strong reciprocal feature in the intimacy experienced during this stage that is the giving and receiving between sexual or marital partners. Isolation means being and feeling excluded from the usual life experiences of dating and mating and mutually loving relationships. This is characterized by feelings of loneliness, alienation, social withdrawal or non-participation.

7) Generativity v Stagnation

At the mid-adult stage, in the age group of 30-65, the individuals are growing and becoming independent. The individuals are now looking towards the community as there is a feeling that it is a 'giving-back' time, there is a feeling to help and contribute to the community. Generativity is taken from the word generation, parents unconditionally give positive love and care for their offspring. Erikson acknowledged that this stage also extends to other productive activities. Erikson's analysis of this stage was strongly oriented towards parenting. Generativity extends beyond one's own children, to all future generations and talks of the modern globally responsible perspective. Positive outcome of this crisis stage depends on contributing positively and unconditionally. This could also be the end of self interest. Having children is not a prerequisite for Generativity, just as being a parent is no guarantee that Generativity will be

achieved. Caring for children is the common Generativity scenario, but success at this stage actually depends on giving and caring, giving something back to life that is best to one's capabilities. On the other hand Stagnation is a form of self-interest and self-absorption. Stagnation represents feelings of selfishness, self-indulgence, greed, lack of interest in young people and future generations, and the wider world. The stagnation results from not having an outlet or opportunity for contributing to the good or growth of children and others, and potentially to the wider world.

8) Integrity v Despair

The last stage of Erikson's theory is the late adulthood period extending the age of 65 and above, this is the grandparent age. This is a review and closing stage. The previous stage was a culmination of one's achievement and contribution to the family and future generations. Integrity means feeling at peace with oneself and the world without regrets. The linking between the stages is perhaps clearer here than in any of the other stages. The People are more likely to look back on their lives positively and happily, if they have left the world a better place than they found it, in whatever way, to whatever extent. There lies Integrity and acceptance. While Despair on the contrary are feelings of wasted opportunities, regrets, wishing to be able to turn back the clock and have a second chance. Happily these days for many people, it's often possible to put back even in the depths of despair. With this people are effectively rebuilding wreckage from the previous stages and that is fine.

Thus we see that Erikson in his eight psychosocial stages has explained in detail the specific characteristics of each stage and how each stage is important in the overall human growth and development.

Check Your Progress 3

Note: a) Use the space provided for your answer.
b) Check your answer with those provided at the end of this unit.

1) Discuss the fourth stage of Erikson's model of psychosocial development.

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1.5 LET US SUM UP

In this Unit, you were familiarized with the concept of human growth and development. You learned that although all human beings are different but still they share expected patterns of growth and development. This unit helps us in describing, explaining, predicting and modifying human development.

You also learned that there are broadly eight stages of human growth and development from conception till death. Each of these stages has common and particular age changes, there are particular reasons for them to occur, they affect human behaviour and personality. These changes can be predicted and are universal among human beings.

This Unit also looks into the psychodynamic theories of Freud and Erikson that explain the different stages of human growth and development and how they affect the human psyche and behaviour.

1.6 KEY WORDS

Conception	:	The process that involves a sperm fusing with an ovum which leads to the development of an embryo.
Genetic Counseling	:	The process by which patients or relatives, at risk of inherited disorders are advised of the consequence and nature of the disorder, the probability of developing or transmitting it, and the options open to them in management and family planning in order to prevent, avoid or ameliorate it.
Neonatal period	:	The first four weeks of life after birth.
Puberty	:	The process of physical changes by which a child's body becomes an adult capable of reproduction.
Libido	:	Commonly used as sexual desire but it refers to the free creative or psychic energy an individual has to put towards personal development.

1.7 FURTHER READINGS AND REFERENCES

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1.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) Human growth and development is the study of the physical, biological, emotional, social, psychological and cognitive changes in human beings from

the start of the human life that is at the formation of the embryo in the womb to the end of the human life. Human growth is the quantitative increase in the size or mass of the human being and Development is the progressive change in the bodily functions of the human being.

Check Your Progress 2

- 1) The eight stages of human growth and development starts with the Prenatal stage in the womb of the mother. At birth to three years is the Infancy and babyhood stage. Followed by Early childhood stage from three to six years and Late childhood stage from six to twelve years. Adolescence stage extends from twelve to eighteen years followed by Young adulthood that lasts from eighteen to forty years. Then comes the Middle age from forty to sixty-five years and lastly the Late adulthood that extends from sixty-five till death of the human being.

Check Your Progress 3

- 1) The fourth stage of Erikson's model of psychosocial development is named the Industry v Inferiority stage. It refers to the late childhood phase when the child is in the age group of six to twelve years and going to school. If the child is successful in developing competence and skills he would develop an industry attitude. The child would be successful in working hard and solving problems. But if the child experience failure in tasks and is restricted to try out, discover and develop his/her skills then he/she will experience incompetence, uselessness or an inferiority attitude. Thus it is very important to allow the children at this stage to develop themselves and give them guided and controlled freedom.

THE PEOPLE'S
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UNIT 2 BIOLOGICAL ASPECTS OF HUMAN GROWTH AND DEVELOPMENT

Beena Antony*

Structure

- 2.0 Objectives
- 2.1 Introduction
- 2.2 Formation of a New Life In the Prenatal Stage
- 2.3 Babyhood Stage
- 2.4 Early Childhood Stage
- 2.5 Middle Childhood Stage
- 2.6 Adolescence Stage
- 2.7 Young Adulthood Stage
- 2.8 Middle Adulthood Stage
- 2.9 Late Adulthood Stage
- 2.10 Let Us Sum Up
- 2.11 Key Words
- 2.12 Further Readings and References
- 2.13 Answers to Check Your Progress

2.0 OBJECTIVES

In the last Unit, you learnt about the different stages of human growth and development from conception in the womb to death. The human life is divided into eight stages that are prenatal to adulthood. In this Unit you will have a proper understanding of all the biological growth and development in every stage of the human life. After reading this Unit you will familiarize yourself with:

- the beginning of the human life;
- the development process of the baby in the mother's womb;
- the childbirth process;
- the biological development at every stage of human growth; and
- the changes in boys and girls at the onset of puberty.

2.1 INTRODUCTION

The human growth and development stages are chronological by age. In these eight different stages there are physical, cognitive and psychological development. In Unit 1 the previous chapter the different aspects of development in the different stages have been stated. In this Unit the biological development in eight different stages will be elaborately explained.

The biological aspects of human growth and development are the changes in the body, the brain, sensory capacities and motor skills. Most of the biological

development is genetically programmed but diet, nutrition, exercise and healthy environment also contribute to the difference in biological development in human beings.

Thus, unit will be beneficial for all to understand the growth and development in each stage and how certain aspects if taken care of will be beneficial for positive growth and development.

2.2 FORMATION OF A NEW LIFE IN THE PRENATAL STAGE

The beginning of the human life is with Conception, when the sperm and ovum unite to form a single cell named a zygote. The gestation period lasts for about 9 months or 266 days from the conception to the birth of the baby. In this period the zygote multiplies itself again and again by cell division and first develops into an embryo, then into a fetus and then into a human baby with trillions of cells specializing in different functions of the human body system.

The Conception Process

The woman is born with all the ova at the time of birth. This amounts to approximately 400,000 ova. These immature ova are in her two ovaries. In a mature woman, the ovulation that is the rupture of a mature follicle in one of the ovary and the giving out of the ovum happens approximately in every 28 days starting at puberty till the woman reaches menopause. The ovum swim's along in the fallopian tube by tiny hair cells moves to the uterus. The conception happens, when the ovum is moving through the fallopian tube.

The sperm that is very small and in the shape of a tadpole is one of the smallest cells in the body. The sperms are more active than the ova and are present in larger quantities. Sperms are produced in the testes, the reproductive gland of a mature male. Many hundred million sperms are produced every day and are ejaculated in the semen during sexual activity. In intercourse the sperms enter the vagina and swim through the cervix into the fallopian tubes.

The conception occurs, when intercourse happens in the ovulation days. If conception does not happen the ovum and the sperm cells in the body of the woman dies.

Multiple Births

Most human babies, unlike most animals, are born alone. Multiple births happening two ways. In some cases the mother's body releases two ova within a short duration of time and both these ova get fertilized, this results in dizygotic twins also called fraternal twins. The other cases of multiple births happen, when the single fertilized ovum splits into two, this splitting of the ovum causes monozygotic twins also called identical twins. The cases of triplets, quadruplets and other multiple births happen due to the above-mentioned ways or a combination of them.

The Biological Development in the Prenatal Stage

The biological development in the prenatal stage can be further divided into three stages the germinal, the embryonic and the fetal stage.

The Germinal Stage

The Germinal stage of the prenatal development is from the fertilization or conception to two weeks. In this stage the cell division becomes complex and gets fixed to the uterus walls.

After fertilization occurs, the single cell zygote rapidly divides itself, by the end of 3 days. It has 32 cells. The cell division goes on till the single cell at conception becomes 800 billion cells to constitute the complex human body. In this process of cell division the ovum moves from the fallopian tube to the womb or uterus within few days of the conception. By then it has become a fluid-filled blastocyst it floats in the uterus for 2 days. Few cells surrounding the blastocyst form the embryonic disk, which later forms the baby. This mass has two layers. The outer layer the ectoderm that develops into the outer skin, the nails, hair, teeth, sensory organs, the nervous system, including the brain and spinal cord. The inner layer the endoderm develops into the digestive system, liver, pancreas, salivary glands and respiratory system. A middle layer also develops, the mesoderm, which becomes the muscles, skeleton, excretory and circulatory systems.

The remaining cells of the blastocyst develop into organs that nurture and protect the unborn child. These are placenta, the umbilical cord and the amniotic sac.

The placenta has multiple functions. The placenta is connected to the embryo by the umbilical cord. The umbilical cord passes oxygen and nourishment from the placenta to the baby and removes the baby's body wastes. The placenta protects against infection in the womb and gives immunity to the developing baby. It produces hormones for this pregnancy period, develop the mother's breasts for lactation and in the final stage stimulate the uterine contractions for the childbirth. The amniotic sac is fluid-filled membrane that helps and protects the growing baby by creating a space for it.

The trophoblast, is the outer cell layer of the blastocyst, develop minute thread kind tentacles that grow into the uterus wall and help the developing baby implant itself to the uterus. By now the blastocyst is 150 cells and is an embryo.

Embryonic Stage

The second stage of the prenatal period is the embryonic stage from two to eight-twelve weeks. In this gestation stage the organs and major body system develop. These are respiratory, digestive and nervous systems. This stage is important, as the embryo is most susceptible to the prenatal environment. Most of the birth defects like blindness, deafness, missing limbs happen during the first three months of pregnancy. The severely defective embryos mostly do not survive beyond the first trimester. This causes the spontaneous miscarriage when the uterus gives up the embryo.

Fetal Stage

The third stage in the gestation period is the fetal stage. The fetal stage, starts with the development of the bone cells at approximately eight weeks, the embryo becomes a fetus. In this fetal stage the fetus grows fast twenty times its length. The organs and body system develop until the baby is ready to be born.

The fetus becomes active in this stage kicking, turning, flexing and moving their bodies. They swallow, or even suck their thumbs. They can hear and feel also. Research studies have shown that the brain of the fetus, develop and they learn and remember too. The fetal activities are different in amount and kind. Male babies are slower than female babies in growth and development in and outside the womb.

Check Your Progress 1

Note : a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) How does multiple births occur?

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2.3 BABYHOOD STAGE

The babyhood stage starts from the birth of the child and covers the first three years of human life. In the beginning of this stage the newborn baby is a displaced individual. After the difficult childbirth process now the newborn baby has to breathe, eat and excrete by themselves.

Childbirth

The childbirth is a very complex and fascinating process. It is the beginning of a new life in the world but it is also the end of that life in the protective womb of the mother. The uterus contracts and pushes out the baby. This contraction at childbirth is of frequent regularity and higher intensity. When the gestation period is over and the important organs are ready to function outside the mother's womb, endocrine changes in the fetus stimulates the mother's body to produce higher amounts of estrogen, which then stimulate the uterus to contract and cervix to open up.

Stages of Childbirth

The Childbirth process can be classified into four stages. From when the baby in the womb enters the world outside the mother womb.

The **first stage** is the longest and could last for many hours. There is lot of differences from woman to woman, first childbirth to later births. In this stage the uterus contracts and the cervix widens up. Initially the contractions occur every 8 to 10 minutes and last about 30 seconds. The regularity of contractions increases just before the childbirth the contraction comes every 2 minutes and lasts for 1-2 minutes.

The labor causes most pain, when the lower part of uterus and cervix stretches. The cervix has to widen sufficiently to let the baby's head pass through. If this process is quick the duration of labor is less with little pain, but if the cervix is rigid, then the contractions and labor will be painful.

The **second stage** lasts for approximately 1 hour or less. This stage starts when the baby's head begins to move through the cervix into the vaginal canal and it culminates, when the baby is totally out of the mother's body. This stage is also called the pushing stage as the mother pushes out the baby

to help the baby to be out of her body. If this stage last longer than 2 hours, the baby may need help, the doctor can help by using forceps or suction to pull out the baby from the mother's body. The baby is born but it is still connected to the mother by the umbilical cord.

The **third stage** is for approximately 5 to 30 minutes. The umbilical cord the connection between the baby and mother is cut and clamped. The placenta and the remaining umbilical cord are cleaned out of the mother's womb.

The **fourth stage** is the time after the childbirth that extends to few hours, when the mother's recovery is observed carefully.

The Neonatal Period

The first month of the newborn baby is the neonatal period. The baby settles to the new world outside the mother's womb. The baby is in transition learning to live independently. The average newborn baby is approximately 20 inches and weighs 8 pounds. Size at the birth is depended on race, sex, parent's size, and the mother's nutrition and health. The newborn baby loses 10 per cent of their body weight within the first few days due to the loss of fluids. After a week the newborn starts to gain weight again.

Some of the distinctive features of the newborn babies are they have a large head. The baby's skull bones are not yet fused, the bones are not completely joined for 18 months. The baby's nose cartilage is also malleable. The newborn skin is pinkish because the skin is so thin that it barely covers the capillaries through which blood flows. Some newborn are very hairy, as the prenatal hair has not yet fallen off. All newborn babies are covered by an oily protection called vernix caseosa. This protects the baby from infections.

The newborn baby is independent it needs to breath, feel and eliminate waste by themselves. The functions were very well taken care of in the mother's womb. The newborn baby soon adjusts to these needs. The newborn's circulatory system operates on its own after birth. The heartbeat is fast and irregular and blood pressure becomes regular only after ten days of the newborns birth.

The newborn takes his first breath after being born as soon as they are out of the mother's body. If the newborn is not able to breath, the baby may suffer permanent brain injury due to lack of oxygen. This is called anoxia.

The newborn have an inborn sucking reflex which helps them to feed for themselves, they start sucking in milk and their gastro intestinal secretion also start digesting it. The baby eliminates waste without control as soon as their bowels and bladder are full. About fifty percent of newborns develop neonatal jaundice in three or four day after birth. This jaundice is due to the liver immaturity. This is treated by exposing the baby to sunlight or fluorescent lights. This is usually not serious but if not treated could result in brain damage.

Complications of Childbirth

Majority of births are normal resulting in healthy babies. But in some cases the babies born are too small, underweight, remain in the mother's womb

too long, are born dead or suffer complications at child birth thus the babies are in the risk of dying or physical, cognitive or personality problems.

Immunization

The newborn needs immunization that protects the babies from fatal childhood diseases like measles, rubella, mumps, whooping cough, diphtheria and poliomyelitis. New and improved vaccines are coming in worldwide. These are very important to control infant mortality.

Growth of the Baby

Most babies survive, develop normally and grow up healthy. Development of the human being in womb and after being born is according to two fundamental principles. Growth and motor development happen from top to bottom called the Cephalocaudal principle and from center of the body to outward called the Proximodistal principle. The embryo's head can explain this, brain and eyes develop early and are larger till the remaining body develops. And also that the parts of the body near the center develop faster than the far ones. Like the embryo's head develop before the limbs, and the arms and legs before the fingers and toes.

The children in this babyhood stage grow faster. In the initial first year of babyhood the baby grows very fast. At 5 months the baby's birth weight doubles and by one year the birth weight triples. The rapid growth reduces in the second year and in the third year adding about 5 pounds each year. The height of the baby increases by 10-12 inches in the first year. The increase in second and third year is 5 inches in each year. The growth in weight and height in the third year is lesser than the second year of babyhood.

The baby's body shape changes too. Their head becomes proportionality smaller and most children become slimmer, the chubby, potbelly disappears. Nourishment becomes important, as the child needs to be weaned out of the breast milk after 6 months and started with a variety of balanced diet in semi-solid form.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) Briefly explain the stages of childbirth.

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2.4 EARLY CHILDHOOD STAGE

Early childhood is from 3 to 6 years. This is the preschool years; the children are changing from toddlers to childhood. The children change in physical appearance, motor and mental abilities and their personalities become complex. The children in early childhood grow more slowly than in the earlier stage, but still at a fast pace. They slim down and shoot up. They develop their body muscles and improve on coordination. They improve their motor abilities like running, jumping and throwing. They require less sleep and also develop sleep problems too.

The children at 3 years begin to give up their chubby roundness and become slender, slim and athletic. The abdominal muscles improve so the potbelly decreases. The arms and legs grow longer. The head is still larger and the other parts of the body are growing. The children increase in weight and height. On average children grow 2 to 3 inches a year and gain 4 to 6 pounds per year. The external and internal body parts are developing. The Muscular and skeletal growth makes the children stronger. The Bones become stronger protecting the internal organs. The brains and nervous system matures and coordinates, promotes and develops the motor abilities of the children. The respiratory and circulatory system improves and develops the immune system and thus making children stronger and healthier. When the child is 3 years all the milk teeth appear and the child can eat properly. The permanent teeth also develop which will appear later.

Diet

Good growth and health is possible if the child has a good diet. The children in early childhood eat less as compared to infants; this is because the growth of children are slower. The diet of children in this stage should include daily protein, which can be met by two glasses of milk, meat or fish, cheese or eggs. Vitamin A can come from carrots, spinach, egg yolk or whole milk. Vitamin C can be procured from citrus fruits, tomatoes and leafy dark green vegetables. The Calcium for the bone growth can come from dairy products. It is important to observe body weight, as obese children tend to become obese adults.

2.5 MIDDLE CHILDHOOD STAGE

The middle childhood also called the school years extends from 6 to 12 years. Children in this stage develop more competence as they grow taller, heavier, and stronger, learn new skills and concepts and they can apply their knowledge and skills more effectively. The children in this stage also acquire the physical skills needed to participate in games and sports.

In this middle childhood stage, children grow on an average 1 to 3 inches taller each year and add on 5 to 8 pounds weight annually. When the children are 10 to 12 years the girls suddenly grow taller and gain approximately 10 pounds. The girls become taller and heavier than the boys of their age. Then suddenly at 12 to 13 the boys shoot up and leave the girls behind. The girl's body has more fatty tissue as compared to the boys, which will remain with them even in adulthood.

The individual children's growth rate and their size vary widely due to genetic factors and environmental diversities. The Children are taller in countries not affected much by malnutrition and infectious diseases and children from richer homes are larger than their counterpart in poorer homes.

Nutrition

The children in this stage have a good appetite for their increase in growth and their hyperactivity. The children need 2400 calories and one-fourth of this should be consumed by a healthy balanced breakfast. This will make the children active, and alert in school. Large percentage of children suffer from mild to moderate malnutrition. This could affect the children's physical, cognitive, emotional and social development. Obesity in children in this stage is an emerging health issue across the world.

Dental Care

Almost all the adult teeth appear in this stage. The milk teeth drop off at approximately 6-7 years and they are replaced by the permanent teeth. On an average the first molars appear at 6 years, the second molars at 13 years and the third molars also called wisdom teeth appear in early twenties. There is an increased awareness in dental care so dental problems are controlled among children in this stage.

Physical Play

The children in this stage have better motor abilities; they are stronger, faster and well coordinated. The children enjoy physical play, trying out new techniques and skills to play. The children involve themselves in free play and also participate in rigorous activities that could be rough and tough.

Health and Fitness

The Immunizations have made childhood a safe period of life. This stage accounts to the low death rate as compared to the other stages of the human life. It is important to be physically active to remain fit. It is noted that children, who are not fit are those children who do not engage themselves in physical activities. Now-a-day diseases found in adulthood like diabetics and hypertension can be observed in childhood. Thus, it is important to have healthy life style from childhood itself.

2.6 ADOLESCENCE STAGE

In adolescence, the individual's appearance changes as a result of the hormonal events of puberty. This results in a change in their thinking; emotions and they prepare themselves to adulthood. Adolescence starts at 12 or 13 and extends until the late teens. In this stage the beginning and the end is not clearly drawn. As adolescence begins with puberty. Puberty is the process when the individual has attained sexual maturity. The individual is capable to reproduce. In India according to law an individual is an adult at the age of 18, he or she can get a driving license, he or she can vote in the general election. But society will consider an individual an adult only after he or she is economically independent or chosen a career or has got married. The marriage age is 18 for woman and 21 for a man.

The beginning phase of adolescence is when the individual is adjusting from the childhood stage to the adolescence stage. This is the stage that Erickson calls identity vs. confusion. When the adolescent is experimenting, growing and building up his confidence and self esteem. The adolescent is looking for an identity for themselves. The adolescent is adjusting themselves to the bodily changes and to the societal demands. The stage can be rather confusing as the elders may tell the adolescent that they are grown up, no longer children and simultaneously also say that they are not grown up, no yet an adult.

Puberty

The biological changes that accompany puberty are fast growth in height and weights. There are other bodily changes. This shows that childhood has come to an end. The phase of puberty is triggered off when the pituitary gland that is situated at the base of the brain stimulates the sex glands, which results in excessive hormone secretion. There is no fixed age for this to happen. It differs from person to person depending on other factors like genes, health and environment of the particular person. In the woman the ovaries increase the production of estrogen hormone, which results in the growth of the female genitals and breast. In the man the testes increase the production of androgens, it is mainly testosterone that causes the growth of male genitals and body hair.

The beginning of puberty for boys and girls vary from person to person. The whole process takes roughly 4 years in both boys and girls. Girls start puberty changes at 8 to 10 years of age. In some cases it can be lower at 7 years while in others it could be as late as 14 years. In boys the beginning of puberty changes is 12 years but some boys could show signs at 9 years and others as late as 16 years. This variation in the puberty age for individual boys and girls are most likely due to the difference in standard of living also. The children that are healthier, well fed and nourished mature faster and grow taller and bigger.

The adolescent suddenly grows in height and weight. This sudden growth starts in girls in the age 9 to 14 and in boys between 10 to 16 years of age. This growth spurt lasts for approximately two years and when it ends the individual gets sexual maturity. Girls are faster to enter this phase so grow taller and heavier faster but soon the boys catch up. The boys and girls also show difference in the growth pattern. A boy becomes overall big, his shoulders get wide, his legs and arms get longer and he increases in heights. The girl's pelvis or abdomen widens and she puts on layers of fat getting little round in shape. This growth is also accompanied by changes in the skeletal and muscle of the adolescents. Eye grows and the lower jaw becomes longer and thicker, the nose also grows. Sometimes these growth are not proportionate. This results in teenagers looking unbalanced and clumsy.

Primary and Secondary Sex Characteristics

The primary sex characteristics are the changes in the sex organs that are linked to reproduction. In girls these organs are ovaries, uterus and vagina. In boys these organs are testes, prostate gland, penis and seminal vesicles. In Puberty these organs mature and become bigger in size. In boys the testes and scrotum are the first to enlarge, while in girls the breasts grow and the nipples rise.

The secondary sex characteristics are the physical signs of sexual maturity. These are enlargement of breasts and growth of pubic hair and armpit hair in girls. In boys there is change in voice and skin texture, muscular development and growth of pubic, facial, armpit and body hair. The adolescent's skin becomes coarser and oily. The increased activity of sebaceous gland causes pimples and blackheads.

Sperm Production

Males become sexually mature when sperm starts being produced in their body. By the age of 15 years 25% of boys have sperm in their urine. The Boys experience wet dreams, which is an involuntary ejaculation of semen. Sometimes it is related to erotic dreams.

Menstruation

The girls become sexually mature, when they start with menstruation. The first menstruation is named menarche. Menstruation is the monthly shedding of tissue from the lining of the womb. The menstruation starts almost 2 years after breasts develop and uterus has started to grow and just after the bodily growth has slowed down. It could vary from 10 to 16 years of age. The menarche is the transition from a girl to a woman. The girls if prepared before hand will be positive towards menarche though the negative side is the discomfort and embarrassment that may be experienced by most girls.

The adolescent girls and boys need information from parents, teachers or health professionals about the bodily changes they are going through so that they are not negative towards what is happening to them. So that they know they are normal and do not loss their confidence.

Check Your Progress 3

Note: a) Use the space provided for your answer.
b) Check your answer with those provided at the end of this unit.

1) State the secondary sex changes at puberty.

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2.7 YOUNG ADULTHOOD STAGE

Earlier it was taken that growth and development comes to a standstill after adolescence. Now we know there are changes in adulthood but these are very slow and less observable than in the previous stages like childhood and adolescence. Now there will be some decline too. Young adulthood is the two decades from 20 to 40 years of age. These years are important and they lay the foundation for the later developments. This is the stage when individuals leave their parents, settle with a job and marry and become parents

themselves. Important decisions are taken in this stage that affect their health, family, career, success and happiness in the future years. The eating, drinking and exercise pattern, whether they smoke? How do they manage stress? These also affect their present and future functioning. Thus, this stage is important as the success of the remaining stages depend on how well the young adults manage and organize this stage.

Biological Development in Adulthood

The Young adulthood is the stage, when the individual is at the best of their abilities, strength, energy and endurance. The body functions are fully developed. The senses are sharpest. Visual acuity is keenest, taste; smell and sensitivity to pain and temperature are functioning to the best of their abilities. Only hearing loss could be experienced, especially for high-pitched sounds.

Health of Young Adult

The health status of young adult is generally good. Most of them usually do not have any serious health problems. Health depends on the life style, diet and exercise pattern of the individuals. Individuals have to work towards a healthy life style following simple steps like eating balanced and regular meals, exercising for a minimum 30 minutes daily, sleeping for 7 hours every night, no smoking and drinking moderately. The balanced diet keeps the young adult physically and mentally fit. Individuals in this stage should be careful not to consume extra cholesterol, as this will affect their heart.

The women are more vulnerable at this stage as this is usually the period that she gets pregnant and has babies. Now-a-days medical facilities have improved, women are getting the medical attention but Indian women are still suffering from medical problems and require special attention.

2.8 MIDDLE ADULTHOOD STAGE

The middle adulthood is the years between 40 and 65 years. Middle age also means a person with grown up children and elderly parents. The grown up children have left home for education, career or married off. But in today's times some individuals are having their babies in forties. It can also be observed that sometime persons aged 50 years, who exercise and eat healthy they could look and on biological factors be younger than a 35 year old person.

In adulthood the sensory and motor changes are very gradual and suddenly in middle adulthood the person experiences that he cannot read without glasses or that their feet are not as fast as they used to be. The Middle adulthood person experience visual problems like farsightedness, sensitivity to light. They need bifocal eyeglasses. Some may also experience gradual hearing loss. Senses of taste and smell begin to decline in this stage; this could be because of medication. As taste buds are less sensitive food may taste bland. The middle-aged person may feel painless and could also be less tolerant towards their pains. Strength and coordination also show a slow decline. Many people may feel the back muscles weakening. Simple reaction time that is responses to the stimuli goes slower by 20 per cent. But this does not mean there is any poor performance on the part of the middle-aged persons. Knowledge based on experience makes up for the physical changes.

Sexual Functioning

The decline in reproductive capacity affect men and women in different manners. Women reaches the age when she no longer can bear children, but men can still continue to be fertile. Though fertility decreases and erection could be reduced.

Menopause

When the woman stops ovulation and menstruation the woman cannot get pregnant naturally, this stage is called menopause. Women reach menopause at the age of 45 to 55. There is a phase of 2 to 5 years when the woman's body undergoes physiological changes that prepares for menopause is called climacteric. The menstruation is not regular every month. The psychological and emotional problems associated with menopause are more due to the sociological view of aging. The problems that are experienced by women are vaginal dryness, burning, itching, vaginal and urinary infection and urinary dysfunction due to tissue shrinkage. Women could also report of joint or muscle pain, headache, insomnia and fatigue.

Check Your Progress 4

Note: a) Use the space provided for your answer.
b) Check your answer with those provided at the end of this unit.

1) What are the problems associated to menopause in women?

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2.9 LATE ADULTHOOD STAGE

The Late adulthood stage comes in when a person crosses 65 years of age. It is sometimes observed that persons at 65 years or 75 years or 85 years do not feel or behave old. Though the retirement age is at 60 or 65 years but some may still keep on working. Adults enjoy good physical and mental health even though they show a decline in their capacities. Death becomes a destination close by for the late adults.

It is important to note that nutrition, exercise, sanitation and environmental pollution together control health and disease. Healthy life style help today's young and middle to have good physical functioning. Healthy aging affect the physical functioning in many ways.

The Brain Decline

Normally healthy older persons exhibit lesser changes in their functioning. The brain starts changes in their functioning. The brain starts losing weight from 30 years of age. The brain has lost upto 10 per cent of its weight by the

time the person reaches 90 years of age. There is loss in neurons (nerve cells) in the cerebral cortex. There is slowing down of the information processing so older persons ask others to repeat information.

Vision

Most elderly have vision impairment. Glasses help the older people to see properly. Driving should be avoided, especially at night. Cataract is a common problem among the elderly.

Hearing

Almost 50 per cent of late adults have hearing loss that affect with their daily life. Hearing aids can be very useful.

Taste and Smell

Losses in taste and smell is very common among the late adults. The number of taste bud reduce making food very bland thus many elders eat very spicy food. The brain that is operational for smell could have shrunk, which causes less of sensitivity to smells.

Sexual Activity

The Persons who have active sexual lives in their younger days continue to enjoy sexual activity in their older days. But men and women suffer from sexual decline too. The man's erection is smaller and less firm and woman's vagina are less flexible and lack lubrication.

Other Physical Changes

The individuals in late adulthood are observed with skin that is pale and as fat and muscle vanish, the skin wrinkles. Varicose vein of legs are common. Hair becomes gray and thin the persons reduce in height by an inch or two. Their posture also stoops. The women have osteoporosis, which causes bone fracture. The back could also develop a hump.

As the age increases, the body systems and organs become vulnerable to disease. The heart rhythm becomes slower and irregular, fat deposits cause blood pressure. Elderly sleep less and wake at night to pass urine and then cannot get sleep. The older adults remain active and can do their own activities at their own pace and strength. The strength, Coordination and Reaction time is also on the decline. Older persons can do all the things that the young person can do, but it is much slower.

Check Your Progress 5

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) State any five bodily changes in late adulthood.

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2.10 LET US SUM UP

In this Unit you learnt about the biological development in different stages of human growth and development from conception to the death of the human life. We started with the formation of a new life, how does conception occur? Then we had a step-by-step explanation on all the biological aspects of human growth and development of the human life till birth. This also includes the decline in the human abilities due to aging.

2.11 KEY WORDS

- Menarche** : This is the transition of a girl to womanhood. When the girl gets sexually mature and the first menstruation occurs it is called menarche.
- Obesity** : It is the state of extreme overweight. It is excessive or abnormal fat accumulation that presents a risk to health.
- Gestation** : Is the time period when a baby grows in the mother's womb from conception to birth.
- Milk Teeth** : Milk teeth are the first 20 teeth that appear in a child's mouth from 6 months to 2 years of age.

2.12 FURTHER READINGS AND REFERENCES

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Hurlock, E.B. (1994), Development Psychology: A Life Span Approach, Tata McGraw Hill Publishing Company Limited, New Delhi.

Papalia, D.E., Olds, S.W., & Feldman, R.D. (1998), Human Development, McGraw Hill Companies, Boston.

2.13 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) Multiple birth is when a woman gets pregnant and has more than one baby in her womb. Multiple birth occurs in some cases when the mother's body releases two ova in a short duration of time and both these ova get fertilized or in some cases when a single fertilized ovum splits into two. The split ovum causes twins. Other multiple births like triplets, quadruplets also occur due to the mentioned process or a combination of these.

Check Your Progress 2

- 1) In the childbirth process there are three main stages. The first stage takes longer time. It is when the woman is in labor pain, the uterus contracts and the cervix opens up. The second stage is when the baby's head begins to move through the cervix into the vaginal canal. This stage

is till the baby is completely out of the mother's body. The third stage is when the umbilical cord is cut and clamped and the remaining placenta is cleaned out of the mother's womb.

Check Your Progress 3

- 1) The secondary sex changes at puberty are enlargement of breasts, the changes in voice and skin texture, muscular development and the growth of pubic, facial, armpit and body hair.

Check Your Progress 4

- 1) The problems associated to menopause in women are vaginal dryness, burning, itching, vaginal and urinary infection. Women also experience joint, muscle pain, headache, insomnia and fatigue.

Check Your Progress 5

- 1) The bodily changes in late adulthood stage is not sudden but gradual and could have started in the previous stages also. To mention a few are vision impairment, slowing down of information processing, because of brain decline, hearing loss, loss in taste and smell and increase in wrinkles.

UNIT 3 CONCEPT OF FAMILY AND MARRIAGE

Structure

Archana Kaushik*

- 3.0 Objectives
- 3.1 Introduction
- 3.2 Family: Meaning and Functions
- 3.3 Marriage: Meaning and Purpose
- 3.4 Family and Marriage: Implications for Social Work Professionals
- 3.5 Let Us Sum Up
- 3.6 Key Words
- 3.7 Further Readings and References
- 3.8 Answers to Check Your Progress

3.0 OBJECTIVES

In this Unit you would learn two important institutions of society — family and marriage. This Unit would help you learn about the concepts of family and marriage, family patterns and forms of marriage. After reading this Unit you will be able to:

- understand the concepts and definitions of family as a basic unit of society and its importance in socialization and security of its members;
- appraise the institution of marriage in a family and as a beginning point of a new family, its importance, functions and critical issues; and
- understand the points of reference for assessment of family in terms of adjustment and maladjustment among the couple, other family members and that of family with outside environment.

3.1 INTRODUCTION

Family is considered the bastion of human civilization. It forms an essential part of human evolution, without which existence of societies would have not been possible in the present form today. Philosophers and social scientists have noted that society is a structure made up of families and characteristics of a given society can be studied by looking at the pattern, functioning and structure of family. One of the primary reasons for evolution of the institution of family is to provide protection and nurturance to infant and children, who are perhaps the most helpless creatures at the time of birth.

The family as a social institution is formally developed in all societies. It is taken as the primary unit of socialization. It forms the considerable part of an individual's identity. It shapes the personality of its members especially children and inculcates skills to deal with social environment. It provides safety, security, love and affection to its members.

The institution of family is a universal phenomenon, though with varying patterns, types, composition and functions. Over the years societies, globally, have witnessed change in family patterns. The recent phenomena of globalization and consumerism have created new and diverse forms of family and household. There is emergence of a gradual trend from extended families to nuclear families due to growing urbanization and industrialization. We have greater proportion of single parent families than ever before. The family system is taking newer forms to adapt to the growing demands of changing social situations. Before going into the details of concept, composition and typology of families, let us take a look at another related and quite significant social institution — marriage — that is taken as the beginning of a family life cycle.

Marriage between a man and a woman is considered as the basis of formation of family from time immemorial. With the birth of a child a family is considered fully constituted. Nature has given the capability to reproduce asexually to only a few organisms like amoebae and most species including homosapions (humans) reproduce sexually. Marriage is the social sanction to establish sexual relations with spouse and reproduce to maintain continuity of the family lineage and, in turn, society.

Thus, marriage is a social sanction for procreation, which is an important function of family. There are many rituals and ceremonies associated with marriage that differ from religion to religion and culture to culture. It may be noted that marriage as a social contract puts many roles and responsibilities in front of the couple, which in larger context are controlled by the patriarchal or matriarchal social structures. Marriage is not an integral part of human nature, but it is a man made custom or institution, which was present even in pre-historic times. It is not a natural relationship but an obligation between a man and a woman. With the advancement of civilization, marriage became a social function with religious and legal sanctions.

Therefore, marriage is a system in which human sexuality is socialized. This has made social life possible, by creating a base for smaller units of society — the family. Human beings derive a lot from their families and are socialized to perform various roles in the larger social environment. To begin a family life, a woman and a man marry each other. The purpose of marriage ceremonies in any society is to let the community and society know about the alliance and protect it. Family and marriage, as social institutions are meant to fulfill many needs of the human being like providing security, affection, love, care, belongingness, identity and worth.

3.2 FAMILY: MEANING AND FUNCTIONS

Let us look at some of the characteristic features of ‘family’. The family is not merely a biological group; it is primarily a social institution. Its members are governed by rules and regulations. The behaviour of its members is not motivated by instincts but by customs, which prescribe the standards of family behaviour.

The family is composed of persons united by ties of marriage, blood or adoption. The bond between husband and wife is that of marriage and the relationship between parents and children is generally that of blood, though sometimes of adoption.

The members of a family typically live together under one roof and constitute a single household. If they stay apart they consider the household their 'home'. The definition of a household is a group of persons residing in the same place and constituting a single housekeeping unit.

The family is composed of persons who interact and communicate with each other in their social roles such as husband and wife, mother and father, son and daughter, brother and sister. The roles are defined by social expectations but in each family they are powerfully reinforced by feelings arising out of experiences within the family itself and from one's parental family. It is considered the basic unit of society, to meet the needs of individuals and those of other societal institutions.

The family maintains a common culture. It is derived mainly from the general culture, but each family has some distinctive features.

Types of family: families may be classified based on descent, location of residence and authority. On the basis of descent, families are classified as **patrilineal** and **matrilineal**. The place of residence of couple after marriage — either with or near the husband's or the wife's parents — classifies families as **patrilocal** or **matrilocal**. In **neo-local** families, husband and wife live separately from their respective families and start their 'new' household unit. A more significant classification is the patriarchal or matriarchal family. In the **patriarchal** family the members are under the authority of the father and trace descent through him. In **matriarchal** family, members of the extended family live together under the authority of the mother and trace descent through the mother.

The family may have different configurations like conjugal, nuclear, joint, which are commonly called '**normative**' family patterns. The conjugal family denotes the husband-wife unit. The nuclear family is defined as the husband and wife with unmarried children. The joint family includes three generations living together — husband, wife with married children, their spouse, unmarried children, grandparents, etc.

It may be noted that with time the definition of family also kept on changing. Stated otherwise, family as an institution has changed itself in terms of typology, composition, roles and functions. In ancient times, only joint family groups would qualify to be called as 'family' and then with forces of social change like urbanization, industrialization, joint family groups gave way to nuclear family system. At present various '**alternate**' family groups (other than normative family patterns) are also emerging with different roles and functions. These may be single parent families, women headed families, childless families, adoptive families, dual earner families, to mention a few. In the light of changing structure and functions of the families, the United Nations in 1994, defines this social institution as —

The family may be broadly perceived as a unit of two or more persons united by the ties of marriage, blood, adoption or consensual unions. Thus, 'consensual unions' also have been included to fit in all emerging alternate family forms like single parent families, adoptive families, only grandparent-grandchild family, live-in relationships, same sex families along with various normative family structures.

Thus, family is a highly dynamic concept. As a social institution, family has consisted of more or less formal rules and regulations, organized around the fulfillment of societal needs. It has historically been an integral part of the ethnic community, which has promoted patriarchy in the family.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) List down various normative and alternate family patterns that you come across in the present context.

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3.3 MARRIAGE: MEANING AND PURPOSE

Marriage may be defined as a socially sanctioned union of man with woman to perform the roles of husband and wife. The term marriage has different meanings and connotations for different people. To some, marriage is a relationship between man and woman for propagation of human species. Some people take it as license for sex. Yet another group considers marriage as companionship, love and intimacy.

Marriage is development of one of the most unique and versatile relationships of human life. It offers an opportunity for life-long companionship, belongingness and support. It fulfills need for sex, intimacy, love and affection. From society's perspective, it is division of roles and responsibilities for procreation and socialization of children and running a family.

Indian views on marriage have all the more dimensions. Marriage is a sacrament, with religious and moral obligations on one hand and social and economic on the other. Hindu concept of marriage is that it is a sanskar or dharma — a holy union of the two souls and not simply of two bodies. It is considered an indissoluble bond that could be broken only by death. Marriage has been taken as a ceremonial gift of the bride by her father, or other appropriate relative, to the bride groom in order that both may together fulfill their duties which is necessary for human existence. Further, Islam says that marriage is an institution ordained for the protection of the society and in order that human beings may guard themselves from foulness and unchastity. In Islam, marriage

is more often a civil contract, the objectives of which are the promotion of normal family life and the legalization of children. Among Christians, marriage has been viewed as a voluntary union for life of one man and one woman to the exclusion of others, thus, stressing on monogamy.

Marriage has legal aspects also. Legal sanction of marriage is based on prevailing social norms and customs. It varies from one society to another. In India, legal minimum age for marriage is 18 years for girls and 21 years for boys.

Thus, marriage, according to religious and sociological literature, is a union of two persons of different sexes to life long reciprocal possession of their sexual qualities, which aims at fulfilling the individual's biological, emotional, social and spiritual needs. Most often marriage as a bond begins with accomplishment of different rituals and ceremonies.

Some practical purposes or utilitarian aspects of marriage may well be delineated. It ensures security to women who have to undergo long periods of pregnancy and to the newborn offspring. It keeps family roles and functions intact. It ensures stability to society and simplifies blood relationships.

According to Koos, a sociologist, marriage is a dividing line between the family of orientation and family of procreation in terms of the nature of roles one performs in the two families. The roles in the family of orientation vary in infancy, childhood and adolescence and carry no responsibilities and obligations. However, the roles one performs in the family of procreation after marriage as a husband/wife, a father/mother, a bread-earner, a grandfather/grandmother, a retired person, etc., have different expectations and obligations.

In India, marriages are usually classified as: marriage by free choice of the partners or love marriage, arranged marriage and forced/arranged marriage. They can further be classified as monogamous or polygamous; civil, religious or customary.

Based on the number of partners, marriage may be mainly categorized into two— monogamy and polygamy. **Monogamy** is marriage between one man and one woman. This form has high social, legal and religious appreciation. **Polygamy**, which means plurality of husband/wife, includes polygyny, polyandry, Levirate and Sorrorate. **Polygyny** is marrying more than one female. Religious and civic sets of rules and laws have sanctioned conditioned polygamous marriages like wife not being able to produce sons, maladjusted nature of wife, etc. **Polyandry** is a marriage in which one woman marries more than one man. This is more common practice among Todas and Kotas of Nilgiris in South India. Polyandry may be fraternal or non-fraternal. In **fraternal** polyandry, the husbands are all brothers or cousins from the father's side. In the case of **non-fraternal** polyandry, they are not related as seen among Nairs of Kerala. **Levirate** is a form of polygamous marriage in which man marries wife of late elder brother or even during the lifetime of elder brother. This form has been seen among the Ahirs of Haryana, Jats and Gujars and some other castes in Uttar Pradesh. In **Sorrorate** form of marriage, wives of a man are invariably the sisters. It is generally observed among Nagas, Gonds and Baigas of India. This form is also practiced when wife is unable to procreate or dead.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What are the needs of an individual and the society that the institution of marriage fulfills?

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- 2) Match the following:

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|------------------------|---|
| a) Levirate marriage | i) One man marrying one woman |
| b) Arranged marriage | ii) Woman marrying 2 or more brothers |
| c) Polygamy | iii) <i>Devar</i> marrying <i>Bhabhi</i> |
| d) Monogamy | iv) Parents fixing marriage partner for child |
| e) Fraternal polyandry | v) Man marrying two or more women |

3.4 FAMILY AND MARRIAGE: IMPLICATIONS FOR SOCIAL WORK PROFESSIONALS

Family has a historical-idealistic connotation. It is visualized as a link between continuity and change. It is a major source of nurturance, emotional bonding and socialization. It provides security and care to its members, socializes the child from a physical being to social being and meets the basic and developmental needs of family members. It has the major potential to provide stability and support when there are problems from the environment.

Family in India is often understood as an ideal homogenous unit with strong coping mechanisms. However, it is important to recognize that there may be inherent problems within the family. Moreover, families in a large and culturally diverse country like India, have plurality of forms that vary with class, ethnicity and individual choices.

The sociologists and social scientists, of late, have begun to question romanticizing of family as merely an idealistic, universal, everlasting source of nurturance, emotional bonding and support. In juxtaposition, family may also be a source of inequality, exploitation and violence. There may be inherent and perpetual discriminations and exploitation against some of the family members. Often

democratic values, equality and equity are not found consistently with most families.

In the patriarchal structure of the family, roles and responsibilities and control and distribution of resources are strictly determined by age and gender. Control over resources and assumptions of superiority give the man the authority to make decisions about his dependents, which would mainly include women and children. Subordination of women and thereby gender discrimination has remained an integral reality of most family practices — child marriage, dowry demands, sati, celebration of a birth of a boy child, female foeticide, infanticide, father as a natural guardian and so on. Individuals and families, who deviate from the ethnic norms of their community often face ostracism.

Patriarchy generally leads to patriliney and patrilocality, which separate the women from their natal family home after marriage. Women often do not have the title to the matrimonial home in which she concentrates all her time and energy. In case of death of her husband or desertion or divorce, she is often rendered destitute as she neither has a home in her family of marriage nor in her natal family, which has given her away.

Even in matrilineal and matrilineal cultures, patriarchy seems to be prevalent in the form of power held by the brother and not by the woman herself.

The institution of marriage and the event of child bearing are considered so essential for family life, that couple staying together without marriage, the single parent families are not accepted as complete or normal families.

Thus, the family has not been a cradle for nurturing democratic values. In fact, the child gets socialized into the concepts of inequality by gender and age in the name of familism. Even women ingest the patriarchal values to be timid, submissive, docile, and dependent since early childhood.

Besides the family members, patriarchy is also internalized by the community, the society and the state. It, therefore, affects all the spheres of our life and not just the family life. The need for a democratic family structure is a major challenge for the families and not just for the women.

For social work professionals, there is a need to look at these institutions of family and marriage not only in idealistic terms, but critically evaluate their roles, functions in the context of democratic values and human rights perspective. The social workers should realize that family and marriage have great potential for ensuring well-being of individual members. At the same time, they may perpetuate discrimination and oppression for some family members.

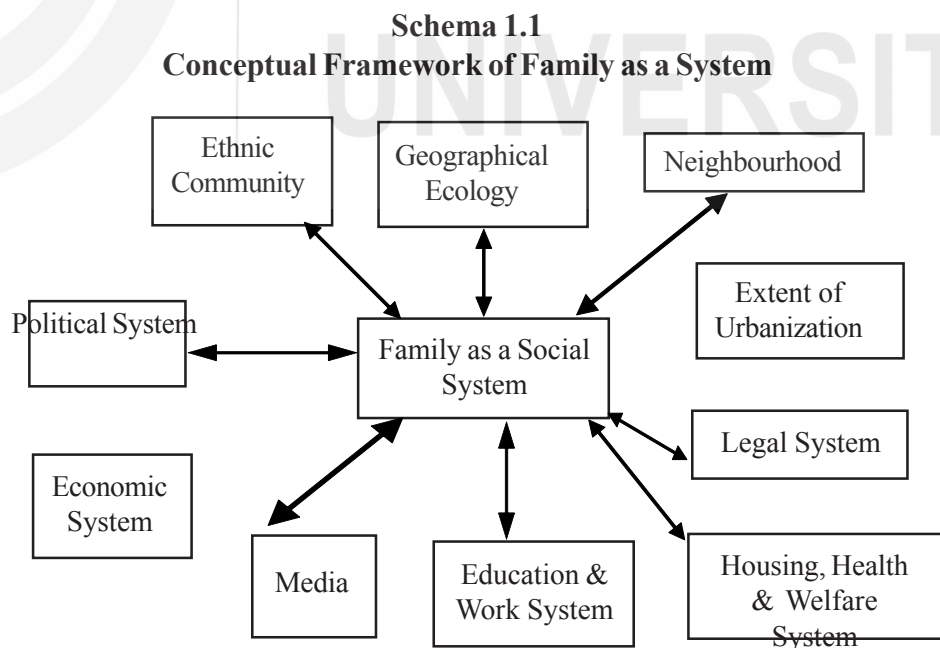
The social work professionals should accept the diversity of forms, composition and types of family thereby avoiding biases and discriminations that may arise on account of rigid beliefs about 'family'. They may, first of all, aim at a family for every individual, unless an adult leaves it by choice. Second, they may aim at a democratic family with scope for the development of individual members and enriched family relationships. Third, they need a democratic environment for the family with scope for the development of the families with harmonious family ecology. The Achievement of these goals would strengthen the family unit and prevent exploitation, disintegration and destitution of families and their members.

Family Assessment and Intervention

It is an undisputed assumption that dysfunctional or maladjusted family processes adversely affect mental health and social functioning of individuals. Social work professionals are, more often than not, required to interact with the family during their interventions for helping the clients to resolve conflicts, be it case work, group situation or other methods of social work practice as family is universally present and assessment as well as intervention are hardly complete without involvement of clients' family. There have been several models of studying family but the most widely used one is 'system's approach'.

The general System paradigm is the most popular and important theoretical framework that provides a comprehensive structure for understanding functioning of the family. According to Systems Theory, family is a system, comprised of various sub-systems, which basically, are the dyads (husband-wife, parent-child, siblings, grandparent-grandchild). Family is also a part of larger system that is social environment and includes work place, health care and education system, ethnic community, legal system, geographical ecology, political system, etc. It is assumed that any change in one part of the system has effects on other sub-systems or systems. This is applicable both within the family and with respect to outside environment.

The following schema (Schema 1.1) represents the conceptual framework for family as a social system. It depicts that family is a dynamic system and interacts with other systems in the social environment such as economic system, political system, ethnic community, neighbourhood, etc. The dotted lines represent that systems are not closed rather information can pass through the semi-permeable membrane of the system. It may be noted that family in the social environment do not passively receive information, rather its presence may influence other systems also.



The social work professionals working with families need to have the holistic perspective of family assessment and intervention. A social worker in school setting handling the case of a boy showing scholastic backwardness and inability to submit school fees may just counsel the boy and recommend waving off

the fees or may take a wider perspective, pay home visits and try to find out the real cause of problem using system's approach. The social worker on enquiry may find that boy's parents do not share a congenial relation and often have heated arguments. On further probe of reasons for frequent fights between the couple, the social worker may find that the problem is with workplace system, where the father of the child is given notice to leave the job and he may be in constant tension of what will happen to the family if he becomes unemployed. Therefore, we note that having holistic perspective helps to reach to the real cause of problems. Using system's approach, we find that problem in one system (here problem with father's work place) will have repercussions on other systems (husband-wife relationship, child's school). The social work interventions would automatically depend on the assessment of the problem.

Based on the system's approach, Hartman & Laird (1983) proposed the ecological perspective of family centred social work practice that is a holistic scheme of family assessment. This is visualized as a process whereby the social worker, along with family, would identify the areas of intervention and outline the role of various systems, including the social worker himself/herself to rectify the gap and for family rehabilitation and protection of family rights. In order to have a holistic family assessment, the social worker would study the family norms, functions, time spent together, space (physical and psychological), decision-making, parenting style, sensitivity to the developmental needs of the individual family members and adaptability.

The social worker would also study the interaction of the family with the outside social environment. Any dysfunctional interaction of one or more individual family members with outside social environment needs to be studied. A Hindu family staying in a Muslim *moholla* in Gujarat may have problems of various kinds with volatile political system. Similarly a family migrated from South of India may face problems in interaction with social environment due to lingual and socio-cultural differences.

In order to have holistic family assessment, three broad areas identified are:

- Socialization of family norms
- Family environment
- Family dynamics

Socialization of Family Norms

The assessment of socialization of family norms includes examination of family's functions, patterns, structure and practices. There can be various situations in the family that reflect the discrimination against and exploitation of individual family members — families where an individual based on age or sex is denied of the opportunity for health and development need intervention — girl child not sent to school, while boys are sent, an elderly waits for medical help while money is being spent on buying television to meet the recreational needs of younger members, authoritarian eldest male of the family fixing up marriage of son matching the caste and social status and ignoring son's willingness to marry the girl of his choice. The family may not be having democratic values

and practices, thereby not involving womenfolk in the decision-making. Wife battering may be a socialized and internalized facet of a family. Child marriage, not allowing womenfolk to use family planning methods, decision of expanding or not expanding family size may be taken exclusively and only by males, thereby exploiting the females of the household — all these and many similar situations signify that family is not a safe and secured haven for all the family members and their rights are ignored and denied. This calls for social work intervention.

Family's Environment

The family's interactions with the environment may be examined with the following aspects in mind: ethnic, regional and urban/rural background, interactions with the political, economic systems, education and work systems, land, housing, health and welfare systems, ecological systems, legal systems and the like. If the family's or its individual member's needs are not met by the environment or their rights with reference to the environment are not protected, the family or the individual is in a state of conflict with its environment. Some of the examples of families coming in conflict with their social environment may be as follows: families of landless labourers in a village dominated by upper caste Hindus, who exploit the former on the basis on their economic, social and political power, families with HIV afflicted member(s) facing social ostracism, poor migrant families coming to mega cities in search of work and facing problems in making both ends meet. It also includes families that come in conflict with social and cultural values and norms like families with unwed mothers. The Social work intervention is also required with families who come in conflict with the political and ecological systems such as those have been uprooted during the formation of Narmada Dam to the existing height.

Assessment of Family Dynamics

The study of family dynamics may cover the following aspects about family as a system and its sub-systems:

Cohesion: It denotes the intimacy and depth of a relationship. Enmeshed relationships are considered unsatisfactory as it does not leave space for individuality. Too much emotional dependence is not taken as appropriate. Similarly, disengaged relationships have lesser of intimacy and more of conflicts, which again is a problem aspect. The recommended cohesion is 'separated-connected' type, which is a perfect blend of inter-dependence and individuality.

Communication: It is obvious that negative communication patterns often bring bitterness and conflicts in relations. As social work professionals, we should study the communication pattern of the family members that may be contributing to tensions and conflicts in the family.

Role performance: All the family members perform certain roles at various stages of family life cycle. In families following patriarchal social norms often women have to shoulder many responsibilities of household management, childcare and may be drained out. There may be conflict among family members related to their roles. The situations resulting in role strain and/or role conflicts of individual members call for social work interventions.

Decision-making: The decision-making is a crucial indicator of democracy and status in the family. The Practice of autocratic decision-making is not considered healthy for family relationships. The democratic decision making process provides feeling of belongingness and worthiness.

Adaptability: This refers to the ability to interact with other social systems in the environment. It is assumed that family as a social system has semi-permeable membrane that allows selected information and resources to pass through the system. Rigid adaptability patterns of family members often creates unnecessary resistance in passing through the information and resources while chaotic adaptability patterns do not offer the needed check on passage of information and resources. Both rigid and chaotic adaptability patterns are considered problematic for adequate family functioning.

Success in carrying out individual members' developmental tasks: Family has the major responsibility to facilitate individual members in achieving their developmental tasks, be it an infant, an adolescent or an elderly. Families that delay or fail to carry out these required developmental tasks need social work intervention.

The social worker may identify dysfunctional dynamics and work towards the following:

- Bringing the family cohesion to the levels of separated and connected
- Engaging positive communication patterns
- Facilitating role performance
- Encouraging democratic decision-making patterns
- Structuring the family's adaptability pattern or making it flexible as the need may be
- Helping achievement of developmental tasks of individual members.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) In the holistic family assessment model of Hartman and Laird, what are the three broad areas being studied?

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3.5 LET US SUM UP

Family is a formally developed social institution that exists universally. It is the primary socializing unit of society. It is an important function of an individual's identity and personality. It meets the needs of survival (in early years), security, love and affection.

Marriage is a socially sanctioned union of man and woman that is considered the beginning of family life cycle. It is meant for regulation of sexual behaviour and procreation and rearing of children. Types of marriages (monogamy, polygamy) were discussed.

Under the advent of social change, alternate family forms like women headed families, single parent families, live-in relationships are also emerging along with existence of normative family patterns like joint and nuclear families. Definition of 'family' also changed and recent definition includes any consensual union as family. Rights of families and rights of individuals with regard to family were also discussed. Families are categorized on the basis of lineage (patrilineal and matrilineal), locus (patrilocal, matrilocal and neolocal) and descent (patriarchal and matriarchal).

The social work professionals must not perceive family as an ideal everlasting source of nurturance, love and support. It may also be a source of perpetual discriminations and exploitation against some of the family members. Patriarchal family structure has contributed to gender discrimination, exploitation and abuse in numerous ways. Family assessment and intervention model was discussed in the general system's paradigm. Family is much more than just the sum of all the family members staying together. Individual members' interaction patterns, attitudes, values, goals, communication pattern, and many other factors influence family functioning. Three board areas of holistic family assessment were discussed — socialization of family norms included studying family's functions, patterns, structure and practices, study of family's environment comprised of looking at interaction of family with outside social systems like ethnic, regional and urban/rural background, political, economic, education, health, welfare, legal system, etc., and assessment of family dynamics includes cohesion, communication, role performance, decision-making, adaptability and the like.

3.6 KEY WORDS

- Family** : As a social institution, family is defined by the social functions, it is expected to perform: reproducing and socializing the young, regulating sexual behaviour, protecting children and providing emotional comfort and support for adults and serving as a source of ascribed status, such as ethnicity and race. Although the shape of family institution varies enormously from one society or historical period to another, basic family functions appear to be quite constant and nearly universal.
- Family** : A primary group whose members assume certain obligations for each other and generally share common residences.

Marriage : It is a socially supported union involving two or more individuals in what is regarded as a stable enduring arrangement based at least in part on a sexual bond of some kind. Depending on the society, marriage may require religious or civic sanction (or both), although some couples may come to be considered married simply by living together for a prescribed period.

In most societies, marriage serves to socially identify children by clearly defining kinship ties to a mother, father and extended relatives. It also serves to regulate sexual behaviour; to transfer, preserve, or consolidate property, prestige and power and in patriarchal societies to transfer authority over women from fathers to husbands. Most important, it is the basis for the institution of the family.

Although in most societies, marriage is defined in heterosexual terms, marriage-involving partners of the same sex is not unknown and it is becoming increasingly acceptable in some industrial societies. Gay and lesbian marriages are legal in Denmark. In some parts of the US, homosexual couples have won some rights (such as inheritance and insurance benefits) previously reserved for heterosexual spouses.

3.7 FURTHER READINGS AND REFERENCES

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3.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) Normative family patterns may be nuclear family system, joint family system and extended family system. Alternate family patterns are female headed families, single parent families, child less families, dual income no kid families (where earning couples out of choice decide not to have kids), adoptive families, live-in relationships (heterosexual and homosexual).

Check Your Progress 2

- 1) Institution of marriage provides assurance for safety, security, love, affection, care and companionship to the individuals in the wedlock. It fulfills the sexual needs of the individuals. In a patriarchal social structure, where females are not given opportunity to be self-reliant, marriage also provides economic security to women. Further, marriage provides identity and social status to females in the family and society. Marriage also fulfills the need to have kids.

The society also needs the institution of family for its own survival, to maintain continuity. Society socializes sexual relations. It needs the institution of marriage to initiate family life, to regularize procreation, to transmit cultural and traditional values, to socialize children from a biological being to social being. Without institutionalizing marriage there would be chaos and anarchy.

- 2) a-(iii); b-(iv); c-(v); d-(i); e(ii)

Check Your Progress 3

- 1) According to Hartman and Laird, in holistic family assessment, three broad areas identified:
 - Socialization of family norms includes family functions, structure, norms and practices.
 - Family's interaction with the outside social environment (ethnic, religious, caste community, education system, work place system, health care system, legal system, political system and the like)
 - Family dynamics that includes cohesion, communication, decision-making, role performance, adaptability and success in carrying out individual members' developmental tasks.

UNIT 4 UNDERSTANDING MAN AND WOMAN

Structure

Archana Kaushik*

- 4.0 Objectives
- 4.1 Introduction
- 4.2 Physical Differences and Implications
- 4.3 Psychological and Emotional Differences
- 4.4 Social Structure and Gender Orientation
- 4.5 Implications: Gender Discrimination
- 4.6 Sexual Minorities
- 4.7 Let Us Sum Up
- 4.8 Key Words
- 4.9 Further Readings and References
- 4.10 Answers to Check Your Progress

4.0 OBJECTIVES

In this Unit, you would be able to clarify concepts like sex and gender, masculine and feminine attributes. You would know how social structures like patriarchy influence the whole life of man and woman. You would learn the physiological differences between the two sexes and much bigger gender differences vis-à-vis social roles and resource allocations. This Unit would help you to look at various social systems, rules, regulations, cultural practices and behaviour of social entities with a critical angle of gender sensitivity. You would also acquire knowledge about sexual minorities and their status in the society. This Unit, by and large, would help you to develop an analytical and critical thinking of the discriminatory practices that go subtly or explicitly with social functions. This would also help you to imbibe and practice democratic values of social work profession.

4.1 INTRODUCTION

Imagine yourself walking a roadside and you observe a person coming towards you — what would be your first observation? Is the person seemingly Hindu, Muslim or Christian or rich or poor, Brahmin or from lower caste? No, certainly not! Your first observation would be whether the person approaching is a male or a female. Sex is the prime distinguishing factor among humans while age, caste, and religion come at the secondary place. Both men and women belong to the species of homo-sapiens and they are equally human. However, there are certain biological differences between them and inferring from these are many social and emotional differences that have resulted in stereotypes, biases, discriminations and even exploitation.

Social structure (patriarchal or matriarchal) and related norms, values, roles and expectations have given rise to many real and unreal differences between

both the sexes. In this Unit we would try to understand how social structure, social systems and institutions have influenced our perception to look at both the sexes and develop our expectations. In fact, having differential attributes and personality dispositions does not facilitate or impede well-being of either sex. Problem begins when we **rank** these attributes, for instance — feminine qualities like receptivity, gentleness, caring, tenderness, warmth, etc., are graded lower than masculine qualities like adventurism, being sturdy, aggressive, commanding, controlling, authoritative, muscular, robust, and the like. **Accepting** differential masculine and feminine qualities, without ranking them would have gone a long way in making an egalitarian, fair, happy and contented society a reality.

Ranking of feminine and masculine qualities, has led to development of prejudices, biases, stigma, discrimination and a perpetual conflict between both the sexes. Certain terms used in this context, may well be clarified. **Sex** is a biological attribute of being male or female based on reproductive anatomy while **gender** is used to denote the social dimension of being a man or a woman. It is sexual identity, especially in relation to society and culture. Similarly, the behavioural, cultural or social traits associated with males are known as **masculine** qualities and those connected with females are called **feminine** attributes. **Gender stereotypes** present a conventionally standardized conception or image concerning the typical social roles of male and female, both domestically and socially. Stated differently, gender stereotypes are beliefs held about characteristics, traits, and activity-domains that are 'deemed' appropriate for men and women. For example, traditionally, typical characteristics for women are piety, submissiveness, and domesticity, while authority, and social behavior, are traits commonly held by men. However, as the product of social activity, gender stereotypes are neither perpetual nor static. Let us now understand salient physical differences between men and women and its propositions.

4.2 PHYSICAL DIFFERENCES AND IMPLICATIONS

Sexual differentiation is a biological process. It provides the basis of human reproduction. Genetically, out of 23 pairs of chromosomes in a fertilized egg, the 23rd pair is known as the sex chromosome. This chromosome determines the sex of the unborn child. In this pair, the X chromosome comes always from the female and the other X or Y chromosome comes from the male. If the chromosome from father is X, the baby is going to be a girl and if it is Y, it is going to be a boy. Thus, the fact is that father is responsible for the sex of the child. However, in patriarchal society like India, for centuries, woman has been held responsible if she fails to deliver a baby boy. The craze of boy is so much that some men do not hesitate to marry second time considering that his first wife is biologically infertile to bear a boy. Social stigma is manifested in numerous ways, from verbal abuses to complete desertion by husband, if a woman fails to bear a son.

In India, sex ratio is among the lowest in the world — just 921 females per 1000 males. One of the reasons for this pervasive sex discrimination is detection of sex of the fetus and if it happens to be a girl, then going for abortions. Stopping this kind of practice is among the biggest challenges in front of social workers.

It may be noted that genital sex (e.g. sexual organs) can be altered through surgery, though the genetic sex (the sex chromosomes) remains the same. For example, through surgery and hormone treatment, a man may be made to look like a woman, but his sex chromosomes will remain XY. Every cell of his body will have the XY mark. Thus genetically, a person's composition can never be changed. Going for sex change, is no longer unheard of. There is a lot of scope for social work intervention in this area.

Let us now pay attention to some of the salient physical differences after birth. At the time of birth, both boys and girls are very similar. Until puberty, there are no significant differences between an average girl and a boy. At adolescence, sex hormones begin to play their roles more clearly. The major sex hormones in males are androgens, the most dominant being testosterone. The chief female hormones are estrogens and progesterone. Categorizing these hormones into male and female hormones is actually misleading. Both sexes produce both hormones and it is only a matter of difference in degree and amount of secretion.

During puberty a girl is slightly shorter than the average boy. Girls reach puberty approximately up to two years before boys. In other words, girls' adolescent growth begins first. During the adolescent growth spurt, the rate at which boys gain body fat slows down, while girls continue to accumulate fat steadily, especially on their torso or trunk. At adolescence, the sexes begin to diverge physically. There are marked developments in the genital organs and breasts. Puberty finishes for the average boy at 14 ½, while girls have their first menstruation (menarche) relatively late in puberty.

There are a lot of myths and misconceptions associated with menarche and menstrual cycle of females. With onset of menarche, a girl is considered 'ready' for 'reproduction'. Often, in some parts of India, child marriage and early pregnancy take a heavy toll of health of adolescent girls. Menstruation is considered 'an impure' stage when females are not allowed to perform prayers, enter places of worship or, at times, even cook food.

It may be noted that, for simplifying the complex issues under study, we might categorize growth and development in a person at physical, social, sexual and emotional levels, but in reality a person's behaviour is the outcome of all these dimensions. The Changes at the physical level would have social and emotional consequences and vice versa. Here, we would be dealing with only those aspects of personality that have physiological origin.

Adolescence is often considered the phase of crisis — at physiological, social and emotional levels. At around puberty, child is confused about the rapid changes in the body due to physical and sexual growth. This contributes to change in their behaviour too — adolescent children generally become irritable and have mood swings. It is often seen that, more often than not, girl child is socialized to be submissive and timid, never encouraged to share her sexual issues or even health related issues with family members. During adolescence too, lack of knowledge about sexuality often does more harm than any help. Females are made to develop indifferent attitude towards their health and they are made to believe that role of sexuality in our life is only for procreation purposes. Even among males, assertive females are seen with suspicion. Similarly,

adolescent boys are culturally not encouraged to know about sexuality issues yet should be skillful enough to successfully deal with problems in their sex life.

Research brings out that average man is bigger and stronger than the average woman. The height of the average man is greater than that of the average woman. An average adult male is 30% stronger than that of average woman. He can run faster, has more stamina than she has. The average woman has smaller shoulder, larger hips, more fat and a smaller limb to body-length ratio than the average man. However, it may not be inferred that women, therefore, are weaker sex. One, only physical strength cannot be the sole indicator of superiority of males. Women have shown considerable level of mental strength in tolerating pains while giving birth to a child. The degree and intensity of pains during child birth is rated as the maximum, which most women go through while becoming mother. Secondly, for centuries together, women have been socialized in a particular way (for not doing the strenuous physical labour, but in household management), cumulative effect of which is seen in their lower levels of physical strength (please recall Darwin's theory: organs and functions in the body which are not used, get extinguished in the course of evolution). So, social roles offered to females have major contribution in lower physical strength among females, only if we consider forces like weight lifting, pushing, pulling, etc. Stamina is found to be much more among women than men, which is reflected in the number of hours, majority of women put in while doing their household as well as economic chores. Thirdly, women's bodies, depending upon the roles they performed in society adapted for the purpose of reproduction. More fat in women's body is as a backup of energy during pregnancy and lactation period. Nature provides for any contingency like poverty, starvation, when mother is not able to have adequate intake, body uses this stored fat to provide energy to child and mother.

The argument given above also breaks the myth that females cannot be athlete. Nature and nurture, both play equally important roles. Girls trained to do hard strenuous work along with quality food are found to perform exceptionally well in athletics too.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Enlist five myths and misconceptions emerging from the physiological differences between men and women.

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4.3 PSYCHOLOGICAL AND EMOTIONAL DIFFERENCES

It is often believed that women are bundles of emotions. Apparently, they are guided by emotions and feelings, while men follow reasoning and logic. Do these patterns of emotional expressions have any biological base?

Let us first understand what are emotions. Emotions are related to feelings — they are said to be strong expressions of feelings. A child is born with three emotions — joy, misery and anger. Later on with increasing age, these three basic emotions branch out and differentiate into variety of emotions. More often than not, how to deal with emotions is not a conscious part of socialization at home or formal schooling. We just teach children socially appropriate behaviour (for example, not to show anger in front of elders, guests, etc) that most of the time calls for suppression of emotions. In the case of females, they are socialized to be vulnerable, docile and highly emotional. Showing temper tantrums may be interpreted as a sign of aggression in a boy and lack of modesty in a girl.

Let us specifically look at the phenomenon of crying. It is observed that everywhere in the world adult women cry more than adult men. Quiet interestingly, as infants, there is no difference between male and female in the matter of crying. If at all, there is a little difference and it is boys who cry more than girls. The reason why adult women cry more than adult men, therefore, must lie somewhere between infancy and adulthood, or in adulthood itself. Researches bring out that this difference among adults is partly because of social conditioning. Men are not at all expected to shed tears or cry. Tears are taken as a sign of weakness and helplessness and how can men be considered weak and helpless. On the other hand, crying and weeping it is an acceptable part of being feminine. Added to this, there is also a little biological reason for this tendency. It is seen that some women are more prone to tears when their hormone levels fall at the end of menstrual cycle. But crying on the part of women is not restricted to that time. It cannot account for tears at other times. Crying may not be a bad way of expressing emotions for men too, if it is required. Stereotypes, however, become a block to men behaving naturally in this manner. Cumulative effect of suppression of emotions may lead to neurosis and other mental ailments. No wonder, as Freud correctly observed, the price we pay for being ‘civilized’ is neurosis.

Many psychologists believe that it is good for women that they are expected to cry and weep as it helps in catharsis of emotions and they come out of the gloom fresh and light. In fact, many psychologists go to the extent of saying that women look more pretty and innocent like children because they can freely do catharsis of emotions, while men are supposed to be sturdy and emotionally indifferent, though, inside they may be going through emotional turmoil.

In many studies, women emerge as more anxious, moody and emotional than men. Suppression of expressions such as anger, frustration, despair, etc., perhaps makes women more anxious. The society expects women to be fearful and anxious but not men. Men are supposed to be tough and not anxious and

fearful. The stereotypes are so strong that if a male (boy or man) expresses fearfulness or cries or sheds tears, immediately the significant others utter, “don’t behave (cry) like girls/women”. Further, when women are said to be more emotional, it is stated in a negative sense. However, stressing much only on negative aspects of emotionality is not the right approach. There are positive aspects of being emotional. The Girls are found to be more empathetic and caring than boys.

There are contradictory findings regarding the emotionality of women: some researches report that women are more prone to anxiety and are more emotional than men, other empirical data do not support this impression. It may, therefore, be inferred that girls are trained to be fearful and emotional. It has been observed that even psychiatrists and psychologists are often carriers of this social stereotype and they often ‘see’ and ‘observe’ more emotions in women.

One reason for over-emotionality among women is attributed to their monthly cycle or menstruation. This is a wide-spread belief, not only among the uneducated, but among the educated. This myth received scientific backing in 1939 when two doctors published their research findings that women are happiest in mid cycle at the time of ovulation, but they become tensed, unstable and depressed in the week before and during menstruation, when hormonal levels decline to their lowest level. As a result of this study, a new syndrome emerged in the literature of pathology: the pre-menstrual syndrome (PMS). Today, it is widely accepted ailment and drug industry and doctors are happy to accept its existence. Some discrimination against women is based on this alleged trouble they go through every month.

Finding explanation for the emotional differences between man and woman in the action of sex hormones seems to be unwarranted. The truth is that children start responding to their gender roles at a time when the overall production of sex hormones is at low ebb and when there is very little difference between sexes in hormonal activity. So this hypothesis is taken with a pinch of salt.

The process of becoming a man or woman begins at conception and never really stops. Both biology and social conditioning play their respective roles in this. But as of now, there is no evidence to establish that men and women must feel emotions differently because they are different biologically.

The conclusion, therefore, is that the difference in the emotional reactions of men and women must mostly be the result of traditional sex role stereotypes. Conforming rigidly to these stereotypes restricts our ability to cope with certain life situations, where we cannot do catharsis or express ourselves freely, which goes against our natural coping mechanisms. When occasion demands, we should have the ability to respond with appropriate emotional response, no matter what the stereotypes are. This would ensure better mental health to people and make humankind more happy, innocent and contented.

4.4 SOCIAL STRUCTURE AND GENDER ORIENTATION

As indicated earlier, the word ‘gender’ is used to denote the social make up of a person. Thus, there are certain socially allocated roles based on sex and related expectations from women and men. Women are expected to perform

the role of procreation and rearing children while men are supposed to provide protection and resources for living. Let us look at various stages of human growth vis-à-vis social roles in patriarchal structure.

Childhood: Social prejudices are observed even as soon as a child is born. Baby boy is welcomed with great ecstasy and warmth, while girl's birth is taken into indifference, if not overt manifestation of grief and sadness. We had discussed about the detection of the sex of the child and killing. it in the womb itself if it happens to be a girl. In India, female infanticide is also not uncommon. Nevertheless, there are many families where girls do not face such hard discriminations that snatch the right to live from them.

In patriarchal social structure, more often than not, girl child is made to socialize in a protective environment of home while boys are encouraged to maintain their ties with friends and community and explore the world. When resources are scarce, opportunity of growth and development are given to boys than girls — females are expected to have their meals in the last, when all male family members have had their foods and that too whatever little is left over. This practice is attached to religious and socio-cultural norms. It has resulted in malnutrition among females right from the childhood especially in third world countries. Anaemia and other deficiency disorders are the outcome of chronic malnutrition. This is one of the significant reasons for lower physical strength among women than men.

Coming to educational and other developmental opportunities, some kind of apathy is observed towards girl child's education. There are many reasons of why girls, in general, lag behind boys in educational attainment. One, preference is given to son's education, as he would support parents in old age, while a girl is expected to care for their in-laws as a dutiful *bahu*. Two, if a girl is highly educated it would be difficult to find a groom for her. Three, education, has, perhaps, wrongly, been taken as training for an occupation/profession that would provide a source of livelihood. In that case, since males are often considered the bread earner of the family, women's education is considered futile. Further, many girls are forced to sacrifice their education as they have to look after their younger siblings, which is, of course, the role of a female as delineated by the society. Next, it is also believed that education would take away the most cherished attributes of women — timidity, tenderness, submissiveness, and receptivity making them more assertive, aggressive and demanding.

Adolescence: In India, many girls are married off in childhood and in adolescence, they are sent to their husband's place. Menarche (onset of menstrual cycle) is taken as readiness to procreate. Early and repeated pregnancy often takes heavy toll of their health. Chronic malnutrition like anaemia is widely prevalent. Social scientists often believe that adolescence is a period of great turmoil for the child, which is reflected in his/her behaviour in terms of irritability, rigidity, and non-conformist attitude. However, girls are socialized to be timid and docile, while boys are free to show their aggression. Many times, above mentioned peculiarities are not seen in the behaviour of adolescent boys and girls and we may infer that societal norms and expectations win over the biological and psychological dimensions of personality.

Adulthood: In adulthood, societal expectations range from beginning of family life, if it has not yet started. For males, emphasis is on career while women are expected to develop skills in home management and child care. Any delay in conception after marriage raises suspicion among elders in the family and neighbourhood regarding infertility of, invariably, women. Societal norms and role expectations dominate so much, especially in traditional patriarchal societies in India, that a person is hardly left with any individuality of his/her own. Men derive their identity from their career or job. They are supposed to be the 'provider' of the family, meeting their economic needs. If he tries to engage himself in household activities or child care, it is not considered a 'manly thing'. Women's identity is directly related to her husband's position in the family and society. Household work is taken as exclusive domain of woman. Even if she is earning, she cannot afford to forgo her traditional role of home management and child care. In most of the dual earner families, woman are doubly burdened with their economic as well as household roles. In fact, mainly in the economic activities of primary sector, say, agriculture, where whole family is involved, it is the females, who would do most of the work while males enjoy control and ownership. To exemplify, in the hill farming, two bullocks work for 1,064 hours, man for 1, 212 hours and a woman for 2,485 hours, in a year, in one-hectare land. So, women work more than the bullocks and men together give (Singh, 1987).

It may be noted that household work or even woman's contribution to agricultural work is never calculated in economic terms, no credit is given to her for her work. A male who brings money is valued for his contribution. It is the irony that even in families living below poverty line or just above it, women's economic contribution is significant in ensuring survival and subsistence of the family, still their economic role go unnoticed and unrecognized. Moreover, if husband is alcoholic, earning wife is made to believe that meeting his 'needs' of drug abuse is her duty.

Old Age: Feminization of ageing is a worldwide trend. Stated differently, women experience old age more than men, primary reason being higher life-expectancy among females. This proves that women are biologically stronger. However, life long malnutrition, poor health status and indifferent attitude towards personal health and hygiene results in higher rate of morbidity among elderly women than their male counterparts. Added to this, widowhood is more often the fate of women than men especially in old age. In a patriarchal social structure, widowhood for women is a curse and she faces ostracism from social and religious ceremonies. In the case of remarriage, society has biased attitude against women and may result in social exclusion and banishment, while men are free to re-marry. In old age, learned helplessness and dependence put women at the mercy of family members while elderly males face problems due to ego hassles of not remaining the head of the family.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) Citing examples describe briefly the impact of emotional stereotyping.

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- 2) It is generally believed that “Women lack leadership and associational skills’. Comment on the probable reasons leading to the belief.

4.5 IMPLICATIONS: GENDER DISCRIMINATION

Let us now discuss the implications of gender discrimination and look into the logical evidences against prejudices and biases. It may be noted that behaviour and personality of a person, whether man or woman, is the outcome of nature (hereditary endowment) and nurture (socialization, social roles and expectations). This brings a high degree of heterogeneity as there are numerous factors influencing heredity and social environment. The scientists claim that no two persons in the world are ‘exactly alike’, not even fraternal twins. It is therefore, not uncommon to come across a woman who is assertive and aggressive and a man who is submissive and receptive. In fact, feminine and masculine qualities are present in all of us, though at a varying rate. It is the social expectations that are translated into our behaviour through the socialization process. A child born in a conformist family learns to imbibe socially appropriate gender roles and another one born in an egalitarian family may have flexible gender role identities.

It is often held that a newborn child is like a clean slate — whatever the socializing agents (parents, family, school, community, etc.) write on it, form the personality and behaviour of the child. Most often than not, collectively and specifically, consciously and unconsciously, these socializing agents inculcate their own biases and prejudices and values and beliefs into the child. They shape the identity and personality of the child. The new-born helpless child is fully dependent on these socializing agents for meeting his/her survival and

developmental needs and is too powerless to question the relevance and authenticity of the knowledge imparted to him/her. Whatever information is passed on to the child becomes his/her functional reality, that is, his/her truth that he/she is socialized to believe in. For instance, females are weaker than males, men are more knowledgeable than women, females' role is to be a caregiver to children and elderly in the household — all this information get crystallized in the brain of the child and then becomes the 'reality or truth' for him/her, which he/she often does not question at all and in his/her life practice the same. Such sex-related beliefs and biases cut across the temporal and spatial dimensions and get ingrained in our 'collective ideology', which then becomes too difficult to be changed as not only the family but the larger community, the society starts practicing those ideological beliefs and they become a part of relatively permanent social structure such as patriarchy.

The impact of this patriarchal social structure is reflected in demographic variables like skewed sex ratio, high rate of maternal mortality rate, low enrolment rate and even lower retention rate.

Next, whatever differences are observed in an average man or woman can be traced back to Darwin's use-disuse theory. According to it, evolution is a continuous process and during that process whatever body organs are used extensively get strengthened and enlarged while those body organs that have lost their functionality get extinguished. For instance, during the process of evolution human beings lost their tail and now appendices (tail bone) has no functional utility left in the body. From ancient times, society assigned to women the role of household work and child care and to men economic role. Now, women's body has more fat (as a reservoir of energy in case of contingency like pregnancy and lactation period; fat around torso helps in carrying fetus in the womb) and men are more muscular (for during physical labour). This makes an average man stronger (physically) than woman while female is able to survive in least and worst conditions while men cannot.

The fact is that man and woman belong to the same species, it would be a wrong notion that they cannot understand each other. There are differences between them, but it is a bit of exaggeration to say that "Men are from Mars and women are from Venus". There is a little bit of a man in every woman and a little bit of woman in every man. Some social scientists believe that within every man there is the reflection of a woman, and within every woman, there is the reflection of a man.

In the light of the forgoing discussion, our aim should be to accept the feminine and masculine qualities without rating them higher or lower or judging them as good or bad. In the light of Human Rights, every human being, whether man or woman, has the right to make decisions about his or her own life and should be given equal opportunity for growth and development. As social work professionals, we should try to ameliorate gender-stereotyped beliefs and practices that hamper the freedom and righteous and fair place of a person (man or woman) in the society. Since, restricted and constrained practices are ingrained in our social fabric, our clients may be individuals, families and communities. Instances of gender stereotypes are observed in everyday life in our educational system (educational materials have gender stereotypes; teachers,

mentors are biased; families to send boys to school, etc.), legal system (gender insensitivity is seen in legislations, both in principle and functionalities, in law makers and implementers), workplace system (physical, psychological and sexual abuse and exploitation; denial, delay in equal wages, insensitivity with regard to her matrimonial and motherhood roles), health care system (women have lower availability, accessibility and affordability of health care services, there is attitudinal constraint too among service providers as well as females themselves), socio-cultural ethos (prejudiced practices and expectations), political system (women not encouraged for a long time to take up leadership role or involved in decision-making process). Some of the chief stakeholders may be families, schools, health care settings, judicial and legal framework, political set up from grassroots to top bureaucracy and workplaces. Methods employed may range from casework to social action and social work research. The Strategies employed can be advocacy, persuasion, teaching, logical argumentation, facilitation, networking, conflict mitigation, and the like. The Approaches adopted would vary from preventive, curative to ameliorative, rehabilitative and promotive.

4.6 SEXUAL MINORITIES

Society gives recognition only to a heterosexual relationship that is between a man and a woman. However, this does not rule out the chance of presence of other sexual orientations often termed as homosexuals. Being small in number and proportion they are called sexual minority and from social work perspective they form a vulnerable group because of societal stigma and discrimination against them. **Sexual minority** is a group, whose sexual identity, orientation or practices differ from the majority of the surrounding society.

Since your childhood, you must have observed *hijras* coming to your neighbourhood especially during marriage and child birth. They are only a subgroup of eunuch who are genetically deformed not to be included in any of the sex category of being a male or a female. They have biological characteristics (presence of XXY chromosomes) of both males and females with deformed genitals. They fail to lead a normal life as society over-values 'normal' human beings and just denies and ignores existence of 'third sex'. There is a cultural practice that during child birth hijras come to the household to celebrate by singing and dancing. During this process of dancing and *badhai* ceremony, one of the hijras checks the genitals of the newborn and in case of any defect, they force the family to give away the child to them. **Eunuch** often satisfy their sexual needs by having anal sex with males or with other Eunuch, which make them highly vulnerable to HIV/AIDS. One subgroup of Eunuch works as sex workers which is the only option of livelihood available to them.

This apart, there are certain other sexual orientations, main among them are delineated here. There are males who feel attracted towards other males and not females for sexual intimacy. Biologically, they do not have any deformity or difference but psychologically and emotionally they feel that they are the females wrongly caught in the body of a male. There are some males, who prefer to be bisexual, that is, have sexual relations with males as well as females. Transgenders, in this context, are those persons who have reverse sexual orientation to their biological body. So, males want to become females

and vice versa, through surgical changes in their genitals. Lesbians are females who are sexually attracted towards females. Initially the term ‘homosexuals’ are referred primarily to lesbians (females having sex with females) and gays (males having sex with males). Now it includes bisexual and transgender people. These four categories (Lesbian, Gay, Bisexual and Transgender) are often grouped together under the rubric LGBT.

As social work professionals you need to understand the issues related to sexual minorities. In India, homosexual practices are sinful in the eyes of law. Section 377 of Indian Penal Code criminalizes anyone who “voluntarily has carnal intercourse against the order of nature with any man, woman or animal”. This, in the light of Human Rights, is unjustified as feeling for same sex is very natural for them and just because heterosexuality gives way to procreation and reproduction and is practiced by majority cannot become mandatory for all humans to abide by it. The social activists maintain that not giving freedom of expression of love between two adult human beings, whether same sex or not, is violation of their human rights. As social work professionals, whatever our personal sexual orientations are, we should understand the needs and challenges of people with sexual minorities and should shed away our biases and prejudices against them.

The scope of social work, in the case of homosexuals is to provide information about sexually transmitted diseases including HIV/AIDS. They should be informed about the ways of risk reduction vis-à-vis HIV. Further, creating a positive enabling environment would go a long way in providing them their rightful place in the society as well as reduce the risk of HIV. Homosexuals are often taken as the carriers of HIV whereas the fact is that they are the victims. The social workers should work for providing freedom from all forms of exploitation and abuses to homosexuals.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Describe three major areas of social work intervention vis-a-vis sexual minorities.

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4.7 LET US SUM UP

In this Unit, concepts of sex and gender, feminine and masculine traits were discussed. There are certain biological differences between man and woman based on their chromosomes (X and Y) and correspondingly genitals and hormones. The basic difference lies in the fact that man impregnates woman and woman possesses the ability to give birth to a new life. Apart from this differential role in reproduction, there are many socially created differences that had led to prejudices and discriminations against females. The patriarchal social structure has ensured, in myriad of ways, superiority of males and inferiority of females. Discrimination against female begins even before her birth and continues till she dies in old age, which is observed in family and community in matters of health and nutrition, education and skill development, recreation and social interaction, decision making and leadership, marriage and family life, etc.

Gender-stereotyped myths and beliefs were discussed. The emotionality of woman, though considered her weakness often helps her in maintaining sound mental health. Difference in terms of physical strength may be due to their role differentiation that over centuries has resulted in physical traits and functioning. The needs and problems of sexual minorities were also delineated in the light of human rights.

4.8 KEY WORDS

Sex and Gender : Sociological meaning refers to cultural ideas that construct images and expectations of females and males. This distinguishes gender from sex, whose scope is limited to biological differences such as reproductive functions and secondary characteristics such as body hair and breast development. Gender is usually defined around ideas about male and female personality traits and behavioural tendencies that take the form of opposites — masculinity and femininity.

Masculinity : It typically includes aggressiveness, logic, emotional inexpressiveness and dominance.

Femininity : it is associated with peacefulness, intuitiveness, emotional expressiveness and submissiveness.

4.9 FURTHER READINGS AND REFERENCES

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Joseph, Sherry: *Social Work Practice and Men who have Sex with men*, New Delhi: Sage, 2005.

Nicholson, J.: *Men and Women, How Different Are They?* Oxford: Oxford University Press, 1984.

Maccoby, E.E. and Jacklin, C.N.: *the Psychology of Sex Differences*, London: Oxford University Press.

4.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

Five myths and misconceptions emerging from the physiological differences between men and women are:

- i) Women are physically weaker than men.
- ii) Women are responsible for the sex of the unborn child.
- iii) At menarche girls become physically ready for conceiving.
- iv) Men cannot be infertile only women can be.
- v) Males are naturally aware of sexual issues, need not to be educated on this matter.

Check Your Progress 2

- 1) Tears are considered a feminine attribute. Men are not supposed to cry. Shedding tears helps in catharsis and inability to do so would lead to suppression of emotions. Continuous suppression of emotions over a long period of time leads to many psychological and even physical disorders like anxiety, neurosis, hypertension, etc. Further, traditionally, women are not supposed to express her emotions related to love, intimacy before marriage. Any intimate advancement from girl's side would lead to doubts on her character. This inability of expression of emotions further brings out many neurotic and psychosomatic disorders.
- 2) The probable reasons for this belief may be traced back to ancient and medieval times, when women were confined to four walls of the household. Their social interaction was limited to meeting kiths and kin during certain ceremonial occasions. They are socialized to be submissive, conformist, receptive and never encouraged to give their view-point, not involved in decision-making and not given opportunity to acquire education. Cumulative effect of these factors has resulted in lack of leadership in most of the women. Even in present context, in various societies, there are many familial norms and practices, that contain the element of above mentioned factors and go against enhancement of leadership skills among women. Even with reservation of seats for women in panchayati raj institutions, after 73rd Constitutional amendment, it is observed that majority of females are just occupying 'token' positions and lacking leadership skills.

Check Your Progress 3

- 1) The areas of social work intervention could be:
 - Awareness dissemination about sexual health including HIV.
 - People of sexual minority group face a lot of stigma and discrimination for which social workers may do advocacy for creating a conducive environment for them.
 - Work for necessary changes in the legislation (Sec. 377 of CrPC) in the light of Human Rights.

UNIT 5 FAMILY LIFE CYCLE

Structure

Archana Kaushik*

- 5.0 Objectives
- 5.1 Introduction
- 5.2 Independence Stage
- 5.3 Initiation Stage: Coupling
- 5.4 Expansion Stage: Parenting
- 5.5 Contracting Stage: Retirement and Empty Nest
- 5.6 Let Us Sum Up
- 5.7 Key Words
- 5.8 Further Readings and References
- 5.9 Answers to Check Your Progress

5.0 OBJECTIVES

In this Unit you would learn about various stages of family life cycle and the roles and responsibilities of family members associated with each stage. You would learn about the unique aspects of each stage of family life cycle, the differential needs and resources associated with it and the societal expectations vis-à-vis family. In this Unit you would also gain insight into the indicators suggesting dysfunctional processes, patterns at various stages of family life cycle and areas of intervention as social work professionals. You would acquire knowledge about the applicability of family life cycle approach in various socio-cultural settings with special reference to India. Besides, you will develop knowledge and confidence in assessment of family problems and family centred social work intervention in the field.

5.1 INTRODUCTION

Just as human beings pass through various stages of life cycle from childhood to adulthood to old age, in a similar way families also pass through various stages. Family life cycle begins with independence stage to marriage of two people. It has expansion phase as children are born and reared and again gets contracted with children starting their own independent life, settled in career and married off and old couple staying alone. Though this family life cycle has remained more applicable to western and urban societies, where nuclear families are the norm of the day and neo-local pattern is commonly observed where married couples begin their life independent of the parent families. This family life cycle model does not fit in adequately in the case of joint family, extended family or even alternate family patterns. Pertaining to Indian socio-cultural context, this family life cycle approach does not have wide applicability. Nevertheless, it gives an important understanding of the needs and resources, tangible and intangible, that individual family members require in meeting the demands of family and society and executing their roles effectively.

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Added to this, it may not be necessary that all the families, more so all nuclear families, pass through all these stages of family life cycle in the same sequence. There may be contingent conditions that disrupt the smooth sailing of these stages of family life cycle, which would be discussed subsequently in the unit. A sincere attempt has been made to adapt the family life cycle approach to Indian context, covering the challenges social work professionals encounter while working with individuals and families in various stages of family life cycle. A family life cycle may be defined as **the emotional and intellectual stages one passes through from childhood to retirement years as a member of a family**. The stages of the family life cycle are:

- Independence.
- Coupling or Initiation into family life stage.
- Parenting or Expansion of family stage.
- Retirement and empty nest or Contraction stage of family life cycle.

Before moving further, let us look at the relevance of studying family life cycle and also understand its applicability. There would be certain common reference points in understanding various stages of family. The family life cycle approach is more applicable to the middle class nuclear families. Those families living below poverty line often fail to accomplish many tasks related to growth and development of individual family members. Alternate family patterns like women headed families, dual Income No Kid families also do not pass through all the stages of family life cycle as given below. The joint family patterns also have different functioning and coping abilities on account of its composition, life-style and functioning.

Why learning about various stages of family life cycle is important? As social work professionals you would be able to assess the needs and resources of families at various stages of family life cycle and in the case of families facing problems in mastering the skills and milestones of each stage, you may provide needed intervention. Another role of social workers would be creating awareness about the challenges and requirements of each stage among families so that there would be least maladjustment among various systems of the family and between family and social environment. Family life cycle theory suggests that successful transition may also help to prevent disease and emotional or stress-related disorders. Understanding of the family life cycle would also help in planning and implementing family life enrichment programmes for the well-being of families in particular and society in general.

Let us now look at various stages of family life cycle.

5.2 INDEPENDENCE STAGE

Independence stage is basically the preparation stage to enter the family life cycle. It is one of the most crucial stages as later adjustments and successful completion of roles expected depends on this stage. As individuals enter young adulthood, they begin to separate emotionally from their family. During this stage, the persons strive to seek full independence — emotionally, physically, socially, and financially. They begin to develop unique qualities and characteristics that define their individual identity. By this time major boys and girls tend to have their own identity, preferences, likes and dislikes. They learn to accept

responsibility, accomplish major tasks independently and try achieving self reliance in financial matters.

You may recall Erickson's sixth stage of psycho-social development — Intimacy and Solidarity vs. Isolation that coincides with independence stage of family life cycle. Individuals, at this stage, try to find and maintain mutually satisfying relationships, primarily through marriage and friends. Intimacy is a vital skill to develop during the independent, young adult years. Intimacy is the ability to develop and maintain close relationships that can endure hard times and other challenges. In an intimate relationship, one learns about commitment, compatibility, attachment and sharing emotions and feelings.

Resources Available: Most often people have plenty of time and energy resource. They are financially strong with expenditures being the minimum as compared to other stages of family life cycle.

Issues of concern: Many times, young adults develop very romantic, idealistic and impractical mental picture of their life partners. After marriage when they see the gap between their mental image and reality of the marriage partner, they fail to cope with themselves and their spouse. The Social work professionals may organize pre-marital counseling sessions and help them to develop a practical and rational viewpoint about marriage. The Social workers should aim at developing values of democracy and inter-dependence, learning to understand others' points of views, communication skills as a part of family enrichment programmes.

Further, with reference to socio-cultural milieu in India, talking about sex and sexuality is taboo. Adolescents and young adults lack adequate and proper knowledge about sex, sexuality, sexually transmitted diseases, HIV/AIDS, etc. Many adolescent and young males visit sex workers or indulge in pre-marital sex, may acquire STD/HIV and pass it on to their innocent spouse after marriage. Thus providing sex education is one of the biggest challenges for social workers.

These apart, there are certain issues that directly or indirectly influence a person's family life. These may be: economic issues like unemployment, under-employment, dissatisfaction with career; health issues like ailments due to alcoholism, tobacco consumption and other substance abuses especially among males and anaemia and other malnutrition among females; mental health issues like stress, frustration, anger, etc.

Therefore, salient tasks and responsibilities of this stage and corresponding role of social work professionals may be delineated as follows:

Tasks & Responsibilities	Role of Social Worker
Knowledge and practice of healthy life style, intake of nutritious food, avoiding malnutrition, avoiding substance abuse.	Imparting education about ill-effects of anaemia and other deficiency diseases especially among females. Preventive and educative role about substance abuse, de-addiction and rehabilitation.
Career development: getting suitable job, confidence to run the family independently mainly among males.	Information dissemination, advocacy if individuals come in conflict with work-system in the social environment, mediation, facilitation of skill enhancement.

Acceptance of role as spouse and in-law, emotional maturity and realistic expectation from the life-partner, understanding the need of developing mutually satisfying relationship and intimacy.	Initiating pre-marriage counseling with the aim of developing a democratic attitude among the youth towards the roles of spouse as against the patriarchal ideals.
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This apart, the role of social worker would be to correct any incongruent relationship between various social systems in the environment and the individual family members (here, youths) or any conflicting relationships within the family. Every effort should be made to help the youth, who are going to initiate their family life, prepare themselves to develop affiliation, love and intimacy, maturity and skills to perform societal roles expected of them as married couples. Those individuals who fail to develop capability to intimacy and love may remain in isolation and alienation, which calls for roles of social workers at the curative level.

5.3 INITIATION STAGE : COUPLING

After independence stage, the next stage in the family life cycle is coupling. The couples explore their ability to commit to a new family and a new way of life. Being in a committed relationship with someone in the institution of marriage does involve a process of adaptation and relationship building. Marriage often requires unique skills.

After marriage, quite often, a girl either moves to the family of her husband or the couple set up a new household unit. In the former set up, a girl has to make adjustments with many more relationships along with husband. These are in-laws, husband's kith and kin. Initial period of gestation calls for many adjustments by newly wed couple as well as family members. Especially in the case of old parents, marriage of son leads to a feeling of insecurity and loss of undivided attention and love of son, as they have to 'share' their son with the daughter-in-law. These feelings of insecurity and alienation are unconsciously reflected in their faultfinding behaviour in the *bahu*. The new bride too finds it difficult to adjust to the new customs and life-styles of family members of the new family. This transitioning into the new family system may require alterations into the mental images, ideologies, value systems that the girl is socialized with.

Joint family facilitates values of inter-dependence, sharing and caring for each other. It provides safety and security to its members. It can make up for problems like unemployment, underemployment, health problems which may result in not being able to perform duties adequately. Added to this, when seen from the gender angle, joint family, by and large, has failed to provide justice to female members in terms of providing opportunities democratically for growth and development. Females have remained in the four walls of the household and are expected to be docile, timid, reinforcing the *sita-savitri* image of woman. A young *bahu* may face problems in initial adjustments, understanding the roles she is expected to play and coming to terms with new cultural, social contexts, value systems, way of life, which would be different than what she is used to at her family of orientation. It may here be noted that many characteristics of joint family system are not visible today such as eldest male

being the head of the household, pooling of income and its appropriation as per the needs of the individual members, power equations too have loosened.

In neo-local families where the young couple set up their own family unit, though with strong emotional bonding with their parents' family, there are quite different problems and coping mechanisms. It is often held that two individuals enter in the marriage relationship with their own set of personal ideas, expectations, values that are shaped by their experiences and socialization in the family of origin. In a new family system, both individuals go through the process of enculturation, assimilation and adaptation, though at varying degrees to form the new set of values, norms and role expectations.

Couple living in neo-local family set-up experience more freedom and privacy to communicate and share various activities. They have more time resource and energy resource. However, in the case of dual earning families, both the couple have to spend a lot of time at the work place and are left with minimum of the time for shared activities. If spouses understand the constraints and frustrations of work place and roles related to family functioning is democratically divided with flexibility and attitude of care for each other, then it ensures well-being of both the partners. However, in the case of families, where husband tries to continue patriarchal and autocratic life-style expecting from his working wife to strike a perfect balance between work and home management, puts the wife in role strain and stress.

In the coupling stage, husband and wife, compared to other stages of family life cycle, have ample **time resource**, which they can spend in making their relationship strong, establishing democratic family norms, caring and sharing, making goals for family enhancement and career development. Similarly, couple being young, have plenty of **energy resource** too, which they can utilize in economic as well as creative pursuits. The young couple has comparatively greater **money resource** as they generally do not have many responsibilities to shoulder upon.

As social work professionals, we need to study whether any of the marriage partners is being oppressed in the name of values, tradition and unfair social structure and if it is happening then we need to rectify certain elements in the family system. We need to look at all the three areas — socialization of family norms, family ecology and family dynamics — for assessing family relations (details given in Unit 1). The role of social worker may be preventive (to avoid family breakdown), curative (handling situations of family crisis and family disorganization) and promotive (enhancing family well-being).

The social worker may have to deal with various domains that are crucial at this stage. They are handling finances (especially in lower-socio-economic household, financial constraints take heavy toll of family well-being), life-style (husband and wife may prefer to continue their own life style when the need is assimilate and adapt a new one) relationship with in-laws (not being empathetic and having superiority and biases would make the relationship bitter), sexuality or sexual compatibility (also includes sexual health and knowledge about STD and HIV). The relationship skills that couple develops at this stage and coping with conflicts (fight, avoid, compromise) would go a long way in strengthening the husband-wife relationship and also other dyadic relationships (parent-child,

in-laws).

The ultimate goal at this stage is to achieve interdependence, which occurs when couple has separated-connected type of cohesion, when both of them have their space and individuality at the same time they are sharing goals, dreams, responsibilities together. If both marriage partners are committed, understand each others' perspective, have positive communication skills, put the needs of another ahead of their own, relationship becomes stronger, healthy and amicable. The social workers should be able to find where the gaps exist in relationship and accordingly should facilitate amending the gaps and enhancing marital well-being. Family counseling, family therapy, case work, advocacy, group counseling, sessions on enhancing family well-being are some of the strategies used extensively by social workers in the field of family and child development.

Check Your Progress 1

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) Briefly describe the salient tasks and skills a person in Independence stage needs to learn and acquire.

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- 2) List down five main areas of social work intervention in the coupling stage of family life cycle.

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5.4 EXPANSION STAGE : PARENTING

The Parenting is one of the most challenging phases of the family life cycle. The time span of this stage is generally the longest. In Indian context, commonly, purpose of marriage is to continue progeny. In fact, it is said that without child(ren) a family is never complete. The Childlessness is considered a curse. Similarly becoming parent out of wedlock is also a taboo, especially for women. Added to this, many couples, especially in mega cities, opt for not having kids mainly because of their hectic career oriented life-style.

In majority of families, if wife doesn't become pregnant within two years of marriage, elderly in the family and neighbourhood start commenting and questioning her fertility. Further, impact of patriarchal social structure is so ingrained that girl child is rarely accepted with the same love and joy as boys. In Indian culture, often couples don't discuss about their sexuality and even planning the babies. It is primarily the decision of the husbands to use a family planning method or not. There are many complex socio-cultural issues associated with sexuality in India. Talking about sex is considered a taboo. Women are not expected to discuss their problems related to sexual health. Knowledge about family planning methods is very poor. There are myths, misconceptions and religious norms that hamper using family planning methods. National Rural Health Mission is now one of the biggest programmes that aim at bringing about positive changes in the attitudes of people towards family planning.

The decision to have children influences almost all aspects of life of prospective parents. The children are so time-consuming that skills not learned in previous stages will be difficult to pick up at this stage. The couple's ability to communicate well, maintain their relationships, and solve problems is often tested during this stage. Along with the joy that comes from having a child, new parents may feel a great deal of stress and fear about these changes. A woman might have concerns about being pregnant, going through childbirth and rearing child. In joint family system there are many people to provide support to the mothers to be and young mothers while in nuclear families couple, more often, have to rely on young untrained domestic workers. Working mothers often face strained in striking balance between work place and child care. Though Maternity Benefit Act 1961 exists, most women remain out of the purview of the Act on account of being working in informal sector.

India, which is nearly seventy percent rural, does not have adequate health care infrastructure. The country has a huge web of Primary Health Centres along with sub centers, secondary and tertiary health care facilities. However, accessibility is a big problem. India still has high rate of infant mortality rate as well as maternal mortality rate even in comparison to most of the developing countries. Families not able to get adequate facilities for maternal and child health often face problems in discharging their responsibilities adequately.

Giving birth to a girl child brings disgrace to women in most of the traditional societies in India. Infanticide is not uncommon. India's sex ratio is highly skewed against females. One of the reasons for this is detection of sex of the unborn child and abortion if it happens to be a girl. Foeticide is illegal but is practiced cutting across educated and uneducated, rural and urban people. It is quite challenging for social work professionals to bring about this deep rooted bias against girl child that snatch away from them their 'Right to Life'.

After child-birth, roles and responsibilities of both parents increase manifolds. In those cases where fathers shun away from their responsibilities by saying that 'child care is not a man's job', mothers are often overburdened, which may affect their physical and mental health adversely. This situation of role conflict and role strain calls for social work intervention.

Young parents suddenly have scarce **time resource** and **money** expenditure also increases. Taking care of neonate is also physically quite strenuous. The

couples who share responsibilities, understand each others' strains and problems pass through this phase with much ease than those who adopt negative coping patterns (blaming each other, avoiding responsibilities, etc.)

Parenting Young Children

The socialization of children is a major task of parents in this stage. It includes facilitating the child accomplish developmental tasks successfully such as sitting, crawling, standing at infancy, language development, physical development, mastering motor skills, social skills, developing etiquettes and mannerism among children as they grow older. The schooling of children also requires time and money resource of parents. The immunization and taking care of health needs of children is also very crucial.

There may be red flag situations requiring attention of social work professionals. One set of situations is related to family norms such as superiority of male child and biases against meeting the development needs of girl child, inequitable distribution of scarce family resources in favour of males. Another set of situations is with family ecology. The children belonging to backward castes and classes denied opportunity for adequate education facility, problems related to infrastructure, availability of teachers and teaching materials at school, accessibility of schools (girls being denied opportunity for higher studies as the school is not in the same village), poverty and child labour, disability, economic constraints to pay fees or buy books, etc. There is denial of Right to Education among such out of school children.

This stage poses financial constrictions on parents, as they have to meet the increasing cost of education of children. With higher inflation rates, it becomes increasingly difficult for most of the middle class and lower middle class families to meet the basic and developmental needs of children. The parents have to work harder to earn more, time and energy resources also start shrinking. Earning a decent livelihood for the family becomes a prime concern and hobbies, creative pursuits, spending time with each other take a backseat for most of the couples.

This transition of prime role of being parent from that of a spouse is an important aspect of this stage of family life cycle. Inculcating high values and skills, social and emotional, involving children into decision-making process, are major tasks of parents. When one or both the parents fail to understand their roles properly and accept this transition phase with maturity and sincerity, problems start cropping up in their married life. The caring for young children cuts into the amount of time that an individual might otherwise spend alone or with his/her spouse. If couples do not have skills in communication, cohesion, relationship strengthening, democratic decision making, sharing roles, understanding each others needs and problems, there may be problems like extramarital affairs, marital abuse resulting in separation and divorce. The social workers have preventive role in avoiding marital disorganization and family breakdown. Similarly, promotive role would help in enhancing skills that would lead to marital harmony and family well-being. In case, family is disorganized, social workers need to rehabilitate the children and other family members in such a way that the harm of crisis can be minimized. Divorce and extramarital affairs often occur during the raising of small children when the parents have not learned proper skills to deal with such life situations.

It may be noted that children's healthy development depends on parents' ability to provide a safe, loving, and organized environment. The children benefit when their parents have a strong marriage.

Parenting Adolescents

Parenting teenagers can be a rough time for the family. Adolescence is the period when physically, mentally and socially a person goes through numerous changes. There are many hormonal changes that take place in the body to prepare a person towards sexual maturity. In Indian context, when talking about sex and sexuality with one's own children is a taboo, there is often a gap between parents and offspring, where both hesitate to share their feelings and emotions with each other. Most adolescents depend upon their peers for sex education who themselves are hardly knowledgeable. Premarital sex is very common, nowadays, both in rural as well as urban India. Adolescents are susceptible to STD and HIV infections. Added to this, they can be easily lured away towards alcohol and drugs.

At this stage family values, bonding, affection, trust and approachability to parents for any problem are required for the children to pass through this phase successfully. The ground reality shows that a sizable proportion of adolescent girls are married away and may have to bear the burden of pregnancy, when their body and mind are not prepared for it. Parents' sensitivity and knowledge is required to allow girl children to study, become self-reliant and get married at an appropriate age. The social work professionals need to do advocacy against early marriages.

Another area of concern is increasing pressure of examination and stress related to academic performance. The expectations from children are too much and fear of not being able to perform even leads to suicidal attempts among the adolescents. There is a need for urgent social work intervention in this area in collaboration with school authorities, families and community.

It is an important task of parents of adolescent children to strive for a balanced atmosphere in which teenagers have a sense of support and emotional safety as well as opportunities to try new behaviours. An important skill at this stage is flexibility, as parents should encourage their children to become independent and creative, establishing boundaries for adolescent children, while at the same time encouraging exploration. Toward the end of this phase, a parent's focus shifts from the maturing teen to their career and marriage.

Specific goals during the stage of parenting adolescents include allowing the child to move out of the family system. At this stage **time, money and energy resources** start reducing. The parents reach closer to old age and money is being saved for higher education and marriage of children.

The social work professionals in the field of family and child development may impart necessary knowledge about harmful effects of substance abuse, HIV, STD infections. The career counseling and guidance are also needed at this stage.

Check Your Progress 2

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What are the challenges rural families may face with young children vis-a-vis social environment

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5.5 CONTRACTING STAGE : RETIREMENT AND EMPTY NEST

This is the last stage of family life cycle. Many significant events happen at this stage — children settling down in their career, their marriage and setting up their own housing unit, either within the extended household/family or separately (neo-local), retirement from the economically active life and beginning of newer adjustments and newer roles at the family and community level.

In India, a great degree of heterogeneity can be observed at this stage. Daughters, by and large, go to their husband's family after marriage and are not supposed to have any claim over the matters of their family of orientation, except the emotional ties (though legally they can be the equal claimant in the property of her father, as her siblings). Dowry harassment and conflicts in married life of daughters may wreck the old parents emotionally. Sons also begin their career and married life. It takes a heavy toll financially on families with limited resources to meet the expenses of career and marriage of children.

In most patriarchal societies like India, adult males derive major part of their identity as an economic being. There is compulsory retirement around old age. Therefore retirement comes as a big blow to many of the old males and it takes a lot of time for them to come to terms that their economically active life is over. However, nearly 90 per cent of the people work in informal sector where deteriorating physical strength and stamina becomes hurdle in carrying out hard physical labour and the old person has to leave the job

giving way to hale and hearty energetic youth. They find themselves as spent-force with enough of **time resource** but scarce **money and energy resources**.

For majority of females, who have spent their prime of time in being the housewife, involving themselves in tedious thankless, unpaid, un-recognized household work, old age comes with many health problems and emotional crisis. In contemporary times, elderly females have lost most of their significant roles they used to perform at home. In ancient and medieval times, they would guide and supervise young daughters-in-law in household management, inculcate values and discipline among grandchildren through story telling, inform about home remedies, in case of any ailments among family members. Now-a-days, with nuclear families on the rise, all these roles are waning away. Values of independence, privacy has also strained the inter-generational relationship. With television, computers and other modern gadgets, interaction time of grandchildren and grandparents is also decreasing quantitatively and qualitatively. Thus, in families, where three generations are living together, the elderly parents who have given their heart and soul to the family tend to be ignored and neglected and in turn become vulnerable.

In situations, where young children step out of the household to establish their own household unit or for their career development, old parents are left alone in the family. They started their family unit together and in this stage again the two are left alone. This is called 'empty nest'. They may have enough **time resource**, but **energy resource** and **money resource** decrease considerably. A lot of health problems like high/low blood pressure, asthma, diabetes, cataract, etc., creep in which influences their daily life activities. Socially also, elderly parents do not have significant roles to perform and feel disengaged. This results in feelings of alienation, worthlessness and neglect. It is termed as 'empty nest syndrome' that denotes the anxieties, loneliness and feeling of emptiness, the old couple are left with, when their children leave.

In Indian context, in general, elderly parents are not left alone and they stay with families. Old age homes are coming up but are not popular. Even if conflicts are there, elderly want to stay in their family only. Further, separation from spouse, due to death, is a major crisis event. Widowhood, especially among elderly women increases their vulnerability manifolds. With socio-cultural biases and discriminations, widowhood often brings economic and social insecurity along with emotional setback.

Roles of social work professionals in this stage include pre-retirement counseling, preparing late middle-aged for old age, preventive interventions to avoid health problems, advice on financial management, dealing with death of spouse, relatives and friends, inter-generational relation building, active ageing, maintaining physical and financial autonomy in old age.

It may be noted that family life cycle may fail to accomplish its stages successfully in situations like family disorganization due to separation, death, divorce, natural calamities or man made disasters. There may be adjustment problems between the couple, childlessness, undue interference of relatives and friends. Sometimes, outside family systems like political, economic, ethnic, legal, etc., may threat family harmony. In such cases, social work intervention is required to deal with crisis and help family regain its functions and duties.

Check Your Progress 3

Note: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

- 1) What is empty nest syndrome? As social work trainee, how would you deal with elderly suffering from this syndrome?

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5.6 LET US SUM UP

Family life cycle is a process, divided into various identifiable stages, through which an individual passes as a member of a family and each stage calls for acquisition of certain skills and expertise giving confidence and satisfaction if one is successful and despair and self-doubt, if unable to do so. The first stage is **Independence**, which is preparation to enter the family life. Individuals have to acquire skills in developing intimacy, mutually satisfying relationship, emotional maturity along with suitable career development. Individuals have to strike a balance between their personal goals and societal roles expected out of them as marriage partner. Roles of social worker as facilitator, educator, pre-marriage counselor, mediator, etc., are in also discussed. In the second, **Coupling stage** individuals are expected to perform their roles as husband and wife, as in-laws effectively so as to enhance amicable and cordial relations. Impact of confirming to societal norms in the context of patriarchal social structure and family dynamics with arrival of new *bahu* are conferred. Preventive, promotive and curative roles of social worker are looked into.

In the expansion or **parenting stage** of family life cycle, couples take up new roles as parents. Gender bias, role strain for working mothers in nuclear families, role of health care and work pace systems in the social environment of the family were delineated. The socialization of the children, inculcating values and social, emotional skills among them are the major tasks of couples as parents. Parenting of young children is quite different experience than parenting adolescents. There is a strain on family's economic and time resources as children start growing up. Helping the children deal with pressures of academics, finding suitable career options, facilitating their proper social, emotional and sexual development are crucial tasks of parents. The last stage of family life cycle is the **contraction stage**, when the children settle down in their respective careers and married off. They leave the house and old couples are left alone.

Coming to terms of retirement is an important developmental task, especially for males who have most often identified themselves as economic being. Elderly women have to adjust to the fact that they no longer have to perform important roles as parent and home maker that have given her pivotal status in the family.

In this Unit, discussion was held regarding the suitability of family life cycle model in the Indian context. At the same time, efforts are made to identify scope of social work intervention at each stage.

5.7 KEY WORDS

- Role Conflict** : The dilemma an individual experiences if he/she is required to play two or more different parts, such as spouse and son that cannot be easily harmonized.
- Role Strain** : It is the pressure experienced by an individual in meeting the expectations from a role(s) he/she is performing.
- Adolescence** : It is the period of psychological, social, and physical transition between childhood and adulthood (gender-specific, manhood or womanhood). It involves puberty, which is the stage of the lifespan in which a child develops secondary sex characteristics (for example deeper voice in boys, and development of breasts in girls) as his or her hormonal balance shifts strongly towards an adult state. This is triggered by the pituitary glands, which secretes a surge of hormones into the blood stream and begins the rapid maturation of the gonads: the girl's ovaries and the boy's testicles. Psychologically, it is associated with the notable changes in the behavior and characteristics of adolescents, cognitive, emotional and attitudinal changes take place during this period, which can be a cause of conflict on one hand and positive personality development on the other.

5.8 FURTHER READINGS AND REFERENCES

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5.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) A person in Independence Stage needs to learn:
 - Taking good care of his/her own health, avoiding behaviours that may put the person in health risk (alcoholism, drug addiction, not having nutritious diet and developing deficiency disorders like anaemia).
 - For males, especially in our socio-cultural setting, it is important to earn a suitable livelihood, so that they are able to support the family. Females are expected to be proficient in household management.
 - Psychological development requires acquiring skills in developing intimacy, love, affection, mutually satisfying relationship, emotional maturity apart from right knowledge about sexuality and related issues.
- 2) Five main areas of social work intervention in the Coupling stage of family life cycle can be:
 - i) Facilitating familial adjustment: there may be incongruent relationships between any dyadic relationship (*Saas-bahu*, son-parent, in-law, siblings, etc.) after marriage in the family. Social worker may facilitate smooth adjustment by helping change the perception and biases towards each other.
 - ii) Imparting Education: knowledge about issues related to sex and sexuality, STD, HIV/AIDS, planning parenthood, information about family planning methods and removing related misconceptions.
 - iii) Promotive role in developing democratic values and processes in the family system, thereby minimizing gender bias and sex stereotypes.
 - iv) Rehabilitative role in marital breakup: In case, the couples fail to continue their marital relationship, social workers may help in economic, social and psychological rehabilitation of either or both partners.
 - v) Advocacy: The Social workers need to intervene if family comes in conflict with any of the social systems (like health, workplace, ethnic community, legal, political system) in the environment.

Check Your Progress 2

- 1) Rural families may face following problems with respect to social environment:
 - The Schooling (no schools for children/girls in the nearby vicinity; no proper infrastructure like building, teaching-learning facilities, teachers; problems with teaching).
 - Availability (or non-availability), affordability (only private clinics/hospitals) and accessibility (bad roads, very far off) issues related to health care settings as a result parents face problems in immunization and other preventive and curative health needs.

- Availability and accessibility to other developmental opportunities like playgrounds, parks, recreational centers, etc.
- The Caste and gender biases prevalent within the environment may hamper availing educational, health and developmental facilities in the social environment.

Check Your Progress 3

- 1) Empty nest syndrome is a general feeling of depression and loneliness that parents feel, when one or more of their adult children leave home on being married off and/or settled in their career. Old parents, who have experienced love, warmth, affection through their parental bond, suddenly feel empty and lonely. As social work trainee, you can provide them options for newer roles like volunteer in any suitable community service, link them with recreational centers for elderly or elderly clubs, may form self help groups where they spend their leisure time effectively. Counseling and helping them engage in meaningful creative pursuits would help the elderly in dealing with their feelings of loneliness and alienation.



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